

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
10 MAR -1 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 705635

1. Corporation Name

President Grant Apartments Association, Inc.

000171049440
03/02/10--01049--008 **2441.25

REINSTATEMENT 74-10

2. Principal Office Address - No P.O. Box # 1401 Grant St.		3. Mailing Office Address 1401 Grant St.	
Suite, Apt. #, etc. 25		Suite, Apt. #, etc. 25	
City & State Hollywood, FL		City & State Hollywood, FL	
Zip 33020	Country USA	Zip 33020	Country USA

4. Date Incorporated or Qualified To Do Business in Florida **5-21-1963**

5. FEI Number 591119303	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Thierry Vaernewyck

Street Address (P.O. Box Number is Not Acceptable)
1401 Grant St.

Suite, Apt. #, Etc.
25

City Hollywood	State FL	Zip Code 33020
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The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent *Thierry Vaernewyck* REGISTERED AGENT MUST SIGN Date 02/24/2010

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P-D	Thierry Vaernewyck	1401 Grant St. #25	Hollywood, FL 33020
T-D	Jeff Stefaniak	1401 Grant St. #3	Hollywood, FL 33020
D	James Dawson	1401 Grant St. #5	Hollywood, FL 33020

10. E-mail Address: formentera66@yahoo.com, jeffstefaniak@gmail.com, yankeedawson@hotmail.com
(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *Thierry Vaernewyck* 02/24/2010 858-922-5366
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

3/30