

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 JAN -8 PM 12:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500114322135
01/08/08--01013--003 **367.50

REINSTATEMENT 06-08
CR2500 (12/07)

DOCUMENT # 760590

1. Corporation Name

Granada Plaza Condominium Owners
Association, Inc.

2. Principal Office Address - No P.O. Box #

2331 NW Federal Hwy

Suite, Apt. #, etc.

City & State

Stuart FL

Zip

34994

Country

USA

3. Mailing Office Address

2331 NW Federal Hwy

Suite, Apt. #, etc.

City & State

Stuart FL

Zip

34994

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/04/1981

5. FEI Number

59-2565581

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Elizabeth Wright

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

2327 NW Federal Highway

Suite, Apt. #, Etc.

City

Stuart

State

FL

Zip Code

34994

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

Elizabeth Wright

REGISTERED AGENT MUST SIGN

Date

1/4/08

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 |
|--------|--------------------------------------|---|--------------------|
| DP | Elizabeth Wright | 2327 NW Federal Hwy | Stuart FL 34994 |
| DS | Jana West | 2315 NW Federal Hwy | Stuart FL 34994 |
| DT | Jarred Fenlason | 2303 NW Federal Hwy | Stuart FL 34994 |
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10. 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 and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. 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:

Jarred Fenlason

Jarred Fenlason

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/08

Date

772-692-5500

Daytime Phone #