

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR **90.99** REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS



FILED

99 JUN -7 PM 2:45

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # F97000006613

1. Corporation Name

Greyson International, Inc.

Principal Place of Business Mailing Address

c/o Harvey Tauman
 6509 N. W. 38th Court
 Boca Raton, FL 33496

REINSTATEMENT

*90-99
 7/8
 6/7/99*

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		12/15/97	
City & State		City & State		5. FEI Number	
Zip		Country		65-0793714	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PCT	Tauman, Harvey	6509 N. W. 38th Court	Boca Raton, FL 33496
EVVC	Tauman, Jennifer C.	6509 N. W. 38th Court	Boca Raton, FL 33496
D	Caccamo, Joseph A.	7509 Ridgefield Lane	Lake Worth, FL 33467
D	Cardero, Nestor M.	14222 S. W. 97th Terrace	Miami, FL 33183
			200002902672--9 -06/11/99--01095--019 *****900.00 *****900.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
Corporation Service Company 1201 Hays Street Tallahassee, Florida 32301		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	
		200002902672--9 -06/11/99--01095--020 *****900.00 *****900.00 State Zip FL 32301 \$8.75	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0506, F.S.
 Signature of Registered Agent *Deborah M Skipper as agent* REGISTERED AGENT MUST SIGN Date *June 7, 1999*

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes No (See other side for information on intangible tax.)

12. 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 under section 119.07(3)(i), 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: *Harvey Tauman* May 22, 1999 (561) 998-2011
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
 Harvey Tauman, President

CRF081 (12/98)