

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 DEC 19 PM 4:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F98000003948

1. Corporation Name

GRG, INC. OF NEVADA

Principal Place of Business

Mailing Address

100 2ND AVE N STE 200
ST PETERSBURG FL 33701

100 2ND AVE N STE 200
ST PETERSBURG FL 33701



REINSTATEMENT

00

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

2. New Principal Office Address, If Applicable

111 2nd Ave NE

3. New Mailing Office Address, If Applicable

111 2nd Ave NE

Suite, Apt. #, etc.

Suite 1600

Suite, Apt. #, etc.

Suite 1600

City & State

St. Petersburg, FL

City & State

St. Petersburg, FL

Zip

33701

Country

USA

Zip

33701

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

07/13/1998

SP

5. FEI Number

87-0496935

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

\$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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
C/S	DAVIDSMEYER, HOWARD	3825 HENDERSON BLVD, SUITE 205 - 355 Interstate Blvd	TAMPA FL 33629 - 0 Sarasota, FL 34240
D	SMITH, CARL	355 INTERGATE BLVD -	SARASOTA FL -
D	STEWART, RANALD JR	100 2ND AVE N 3424 Jean Circle	ST PETE FL Tampa, FL 33629
D	BECK, CHRISTOPHER R	235 SUNRISE AVE, SUITE C-24	PALM BEACH FL 33480
P	MURONE, VINCE	100 2ND AVE -	ST PETE FL -
			200003523702 1 -01/04/01--01094--001 ****758.75 ****758.75

8. Name and Address of Current Registered Agent

BECK, CHRISTOPHER R
235 SUNRISE AVE, SUITE C-24
PALM BEACH FL 33480

9. Name and Address of New Registered Agent

Name

Matthew Veal

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

355 Interstate Blvd.

Suite, Apt. #, Etc.

na/

City

Sarasota

State

FL

Zip Code

34240

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

Date

11/10/2000

REGISTERED AGENT MUST SIGN

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 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:

SIGNATURE REQUIRED

Date

11/10/2000

Daytime Phone #