

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **G00503**

1. Corporation Name

GREGRUSS MANAGEMENT CORPORATION

Principal Place of Business

Mailing Address

71 HARGROVE GRADE
PALM COAST FL 32137

P.O. BOX 1166
ORMOND BEACH FL 32175-1166
US

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



REINSTATEMENT

99

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.		09/17/1982	
City & State		City & State		5. FEI Number	
Zip		Country		59-2289027	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input 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	4. City / State / Zip
PTD	ERIKSEN, GREGORY L.	277 BARRITARIA IS.	ST. AUGUSTINE FL
VSD	FRANKS, RUSSELL	6 FORT CAROLINE COURT	PALM COAST FL
PTD	ERIKSEN, GREGORY L.	P.O. Box 1166	ORMOND BEACH, FL 32175
VSD	FRANKS, RUSSELL L.	1240 JOHN ANDERSON DR.	ORMOND Bch, FL 32176
			000003053200--6
			-11/23/99--01058--017
			****750.00 ****750.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
CHIUMENTO, MICHAEL D., JR. 4 OLD KINGS ROAD NORTH, SUITE B PALM COAST 32137	Name
	Street Address (P.O. Box Number is Not Acceptable)
	Suite, Apt. #, Etc.
	City
	State
	Zip Code
	FL 32176

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] Date: 11-1-99

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] Date: 11-1-99 AD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #