

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

96 DEC -6 AM 11:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **G66507**

1. Corporation Name  
**GREYPALM INVESTMENTS OF FLORIDA, INC.**

Principal Place of Business  
1311 SOUTH VINELAND ROAD  
WINTER GARDEN FL 34787

Mailing Address  
1311 SOUTH VINELAND ROAD  
WINTER GARDEN FL 34787



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.		10/26/1983	
City & State		City & State		5. FEI Number	
Zip		Country		59-2372093	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				SB.75 Additional Fee required for 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
PST	PALMER, PAUL H.	1302 680 LAUREL AVE SW 1 Chedington Place Suite 4B	CALGARY, ALBERTA T2P 3P8- North York ON M4N 2R4

**REINSTATEMENT** 1/24/96  
J. Mann  
12-6-96

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
ROBB, PAMELA M. 1311 SOUTH VINELAND ROAD WINTER GARDEN FL 34787		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City	
		300002022453--8 -12/06/96 ****375 JUEL ****375.00	

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] **SIGNATURE REQUIRED** Date 12/4/96  
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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)(l), 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] **SIGNATURE REQUIRED** Date 12/22/96 Day/Line Phone # (416) 484-6703  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2040 (7/96)