

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM AND FILED



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

NOV 19 11 30 AM '97
 DIVISION OF STATE
 TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT

DOCUMENT # **J13197**

1. Corporation Name
GRI OF SOUTH FLORIDA, INC.

Principal Place of Business
**951 South Andrews Avenue
 Pompano Beach, FL 33069
 US**

Mailing Address
**951 South Andrews Avenue
 Pompano Beach, FL 33069
 US**

700002353187--7
 -11/20/97--01085--003
 *****8.75 *****8.75
 700002353187--7
 -11/20/97--01085--004
 *****750.00 *****750.00

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

2. New Principal Office Address, If Applicable
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. New Mailing Office Address, If Applicable
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. Date Incorporated or Qualified To Do Business in Florida
05/07/86
 5. FEI Number
65-0002953
 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)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	Wallick, Gregg F.	951 S. Andrews Avenue	Pompano Beach, FL 33069
V	Powell, Steven G.	951 S. Andrews Avenue	Pompano Beach, FL 33069
VP	Little, Shirley D.	951 S. Andrews Avenue	Pompano Beach, FL 33069
VP	Ali, Shirad	951 S. Andrews Avenue	Pompano Beach, FL 33069

REINSTATEMENT *11/19/97*

8. Name and Address of Current Registered Agent
**Wright, Fulford, Moorhead & Brown, P.A.
 145 North Magnolia Avenue
 Post Office Box 2828
 Orlando, Florida 32802**

9. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc.
 City State Zip Code
FL

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 **11/17/97**
 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)(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: *Shirley D. Little, CFO* Date **11/18/97** Daytime Phone # **954-942-3550**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR12E040 (1/2/96)