

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



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

AND
FILED

NOV 19 1997

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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

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)

| 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 |
|---------------|---|--|-------------------------|
| 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

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

Shirley D. Little

REGISTERED AGENT MUST SIGN

Date

11/17/97

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/18/97

Daytime Phone #

954-942-3550