

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
AND  
FILED

APPLICATION  
FOR 93-97  
REINSTATEMENT



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

97 APR 23 AM 9:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **43220 93-97**  
1. Corporation Name **GRANDVIEW HEIGHTS  
CITIZEN ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
**1506 GEORGIA  
WEST PALM BEACH, FL. 33401**

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 <b>5/2/91</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number	
City & State		City & State		Applied For <input checked="" type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" 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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres.	STEVE KETTEL D	1506 GEORGIA	WEST PALM BEACH, FL. 33401
V.P.	JIM FORTIER D	1607 GEORGIA	WEST PALM BEACH, FL. 33401
Sec.	LOIS PETERSON D	730 PALM ST.	WEST PALM BEACH, FL. 33401
TRES.	JOE PIAZZA D	1706 GEORGIA	WEST PALM BEACH, FL. 33401

**REINSTATEMENT 93-97**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name	<b>STEVE KETTEL</b>
Street Address (P.O. Box Number is Not Acceptable)	<b>1506 GEORGIA</b>
Suite, Apt. #, Etc.	
City	<b>WEST PALM BEACH</b>
State	<b>FL</b>
Zip Code	<b>33401</b>

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]**  
REGISTERED AGENT MUST SIGN

Date **4-3-97**

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11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No

-04/29/97--01052--005  
\*\*\*450 on intangible tax 150.00

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: **[Signature]**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**STEVEN E. KOTTEL**

Date **4-3-97**

561-832-4663  
Daytime Phone #

CR2040 (12/96)