

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUL 28 AM 10:21

DOCUMENT # N43220

1. Corporation Name

GRANDVIEW HEIGHTS CITIZENS ASSOCIATION INC.

Principal Place of Business
1410 Georgia Ave
1506-GEORGIA
WEST PALM BEACH FL 33401

Mailing Address
1410
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

1410 Georgia Ave
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 98-00

4. Date Incorporated or Qualified To Do Business in Florida

05/02/1991

5. FEI Number

65-0273944

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
PD	KETTELLE, STEVE	1506 GEORGIA	WEST PALM BEACH FL 33401
VPD	FORTIER, JIM	1607-GEORGIA	WEST PALM BEACH FL 33401
SD	PETERSON, LOIS	730 PALM ST.	WEST PALM BEACH FL 33401
TD	PIAZZA, JOE	1700-GEORGIA	WEST PALM BEACH FL 33401
D	Don Lipscomb	733 New York Street	West Palm Bch FL 33401
D	Danielle Parham	716 New York Street	West Palm Bch FL 33401

8. Name and Address of Current Registered Agent

KETTELLE, STEVE
1506-GEORGIA **1410 Georgia Ave**
WEST PALM BEACH FL 33401

9. Name and Address of New Registered Agent

Name **600003350216--6**
-08/09/00--01004--007
Street Address (P.O. Box Number is Not Acceptable) ******61.25 ****61.25**
Suite, Apt. #, Etc. **600003350216--6**
-08/09/00--01004--008
City ******297, State FL ****297, 50**

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 REQUIRED
REGISTERED AGENT MUST SIGN

Date

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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 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 furnished on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (9/98)