

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV -4 AM 11:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000055859

1. Corporation Name

GRANDVIEW MOTEL COMPANY, INC.

Principal Place of Business

1921 NORTH FEDERAL HIGHWAY
FORT PIERCE FL 34946

Mailing Address

725 SE PORT ST. LUCIE BLVD
201
PORT SAINT LUCIE FL 34984

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

06/01/2000

5. FEI Number

65-1044343

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	4 City / State / Zip
P	UNDERHILL, CHRIS	392 SE MAJESTIC TERRACE	PORT SAINT LUCIE FL 34983
STD	MANDORY, JULIAN W MANDODY	SUITE 201, 725 SE PORT ST. LUCIE 1521 NE MAUREEN CT.	PORT SAINT LUCIE FL 34984 JENSEN BEACH, FL 34957

8. Name and Address of Current Registered Agent

MANDORY, JULIAN W
725 PORT ST. LUCIE BOULEVARD
SUITE 201
PORT ST. LUCIE FL 34984

9. Name and Address of New Registered Agent

Name

JULIAN W. MANDODY

Street Address (P.O. Box Number is Not Acceptable)

1521 NE MAUREEN COURT

Suite, Apt. #, Etc.

City

JENSEN BEACH

State

FL

Zip Code

34957

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/20/2002

11. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/20/2002 772-285-4750

CR2E040 (8/02)