

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000109433

1. Corporation Name

GRANDMA SALLY'S, INC.

Principal Place of Business

1000 US HWY. ONE
NORTH PALM BEACH FL 33408

Mailing Address

1000 US HWY. ONE
NORTH PALM BEACH FL 33408

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

11/27/2000

5. FEI Number

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status



REINSTATEMENT 01-02

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	POULOS, PETER	1000 US HWY. ONE	NORTH PALM BEACH FL 33408
D	PASCAL, BETSY	1000 US HWY. ONE	NORTH PALM BEACH FL 33408

8000008564608

10/24/02--01032--025 **758.75

8. Name and Address of Current Registered Agent

POULOS, PETER
1000 US 1
NORTH PALM BEACH FL 33408

9. Name and Address of New Registered Agent

Name Betsy Pascal
Street Address (P.O. Box Number is Not Acceptable)
1000 US 1
Suite, Apt. #, Etc.
186
City North Palm Beach State FL Zip Code 33408

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 Betsy Pascal SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10-20-02

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: Betsy Pascal SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-20-02 561 622-7927

Date

Daytime Phone #

CR2E040 (8/02)