

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

03 APR 22 AM 8:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000115628

1. Corporation Name

GRAND VENTURES HOLDINGS, INC.

Principal Place of Business

1410 GEORGIA AVENUE  
WEST PALM BEACH FL 33401

Mailing Address

1410 GEORGIA AVENUE  
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

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

12/19/2000

5. FEI Number

APPLIED FOR

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 02-03



700015559977  
04/09/03--01067--006 \*\*750.00

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	KETTELLE, STEVEN E	1410 GEORGIA AVENUE	WEST PALM BEACH FL 33401
D	NEWMAN, PAUL M	1410 GEORGIA AVENUE	WEST PALM BEACH FL 33401

700015559977  
04/25/03--01001--019 \*\*150.00

8. Name and Address of Current Registered Agent

SAUERBERG, ERIC M ESQ.  
712 U.S. HIGHWAY ONE #400  
NORTH PALM BEACH FL 33408

9. Name and Address of New Registered Agent

Name Steven E KETTELLE  
Street Address (P.O. Box Number is Not Acceptable)  
1410 Georgia Ave  
Suite, Apt. #, Etc.  
West Palm Bch FL  
City

State FL Zip Code 33401

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 3/30/2003

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/23/2002

Date

Daytime Phone #

CR2E040 (8/02)