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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 JAN 26 PM 3:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000015381

1. Corporation Name

GRICE ENTERPRISES, INC.

REINSTATEMENT 02-05

MRS

2. Principal Office Address

P.O. BOX 161542

3. Mailing Office Address

P.O. BOX 161542

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ALTAMONTE SPRINGS, FL

City & State

ALTAMONTE SPRINGS, FL

Zip

32714

Country

USA

Zip

32714

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

2/9/2001

5. FEI Number

65-1077269

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Sandra Grice

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

1556 YVONNE ST.

Suite, Apt. #, Etc.

City

APOPKA

State

FL

Zip Code

32712

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

SC

Date

1/19/05

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES.	SAMUEL GRICE	1556 YVONNE ST	APOPKA, FL 32712
VP	SANDRA GRICE	1556 YVONNE ST	APOPKA, FL 32712
			000045865240 02/03/05--01010--024 **500.00

10. 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:

SC

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

954-464-3104
1/19/05

Daytime Phone #

per Sandra Grice
1/28/05

CR2E081 (01/05)

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TO WHOM IT MAY CONCERN

**SUBJECT: GRICE ENTERPRISES INC. #P01000015381
REQUEST FOR REINSTATEMENT & FEE WAIVER.**

I understand that my company was dissolved through administrative action for annual report. I did not receive annual notice of filing and was advised by an Officer when I called on 1/19/05 that I should send in my application for reinstatement along with filing fees of \$600 to represent (\$150x4) years 2002 through 2005.

Will you kindly reinstate Grice Enterprises, Inc and waive the reinstatement fee while accepting the enclosed check for \$600 for the annual filing fees.

Thank you for your kind consideration.

Yours sincerely,



Sandra Grice
954-464-3104 (Mobile)
407-886-0277 (Home)