PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. APPLICATION FLORIDA DEPARTMENT OF STATE <u>lim Smith •</u> Secretary of State **DIVISION OF CORPORATIONS** 02 DEC -2 AM II: 45 P01000033192 **DOCUMENT #** 1. Corporation Name SECRETARY OF STATE TALLAHASSEE, FLORIDA GRBLAIR, INC. Principal Place of Business Mailing Address 1308 N. BURTON ST. 1308 N. BURTON ST. PLANT CITY FL 33566-2294... PLANT CITY FL -23566-2204 If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable 4. Date Incorporated or Qualified To Do Business in Florida 03/28/2001 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For City & State City & State Not Applicable Country \$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) Name of Officers Street Address of Each Title(s) and/or Directors City / State / Zip Officer and/or Director BLAIR, GEORGE R 1308 N. BURTON ST. PLANT CITY FL 83566-33563 BLAIR, DENISE M 1308 N. BURTON ST. PLANT CITY FL 33566-33563 500002636906 <u> 10/28/02--01126--008 | **61</u> 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name BLAIR, GEORGE R Street Address (P.O. Box Number is Not Acceptable) CR2E040 1308 N. BURTON ST. PLANT CITY FL 33566-2204 Suite, Apt. #, Etc. City State Zip Code 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 Agen 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.

PD

VD

Daytime Phone #

October 22, 2002

Florida Department Of State Jim Smith Secretary of State Division of Corporations

Dear Florida Department Of State:

Deans Melace P

I am writing in regards to the application for reinstatement that I have received. I have made the changes to my zip code and enclosed a check for \$61.25. I didn't receive the original-notice. I-do-apologize for any-inconvenience that this has created.

Sincerely,

Denise M Blair

GRBlair, Inc

1308 N Burton St

Plant City, FL 33563-2204

813.752.9453