

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 FEB 25 PM 3:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000043419

1. Corporation Name

Greathouse Design Company, Inc.

2. Principal Office Address

2860 N. FEDERAL Hwy

Suite, Apt. #, etc.

Suite C

City & State

Ft. Lauderdale FL

Zip

33306

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

5/1/2001

5. FEI Number

65-1111425

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

Thomas J Curran

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

2860 N. Federal Hwy #C

Suite, Apt. #, Etc.

City

Ft. Lauderdale

State  
FL

Zip Code

33306

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

REGISTERED AGENT MUST SIGN

Date

2/13/03

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.	Cherie Curran	2860 N Federal Hwy Ft. Lauderdale, FL 33306	
Vpres	Thomas Curran	2860 N. Federal Hwy	Ft. Lauderdale, FL 33306

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/13/03 934-564-6447

Daytime Phone #

CR2E081 (10/02)

jr 2/27