

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 APR -5 AM 7:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P020000016274

1. Corporation Name

GRAB BARS, INC.

REINSTATEMENT

2. Principal Office Address

2824 TANGEL DR.

Suite, Apt. #, etc.

City & State

SARASOTA, FL

Zip

34239

Country

USA

3. Mailing Office Address

2824 TANGEL DR.

Suite, Apt. #, etc.

City & State

SARASOTA, FL

Zip

34239

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

2/8/02

5. FEI Number

03-0464866

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

T & H COMPTROLLERS, INC.

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

200 CAPRI ISLES BLVD.

Suite, Apt. #, Etc.

SUITE 2

City

VENICE

State

FL

Zip Code

34292

900028063149

04/09/04--01011--013 **141 25

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

By: Ronald P. Heavens, PRESIDENT
REGISTERED AGENT MUST SIGN

Date

1/29/04

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
D/P	KIMBERLY McNEAL	2824 TANGEL DR.	SARASOTA, FL

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:

Kimi McNeal

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-29-04

Daytime Phone #

941-374-1774

CR2E081 (10/02)