

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 17 PM 12:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000024132**

1. Corporation Name

GRANTHAM STUDIO, INC.

Principal Place of Business

Mailing Address

1400 FORSYTHE ROAD BAY G
WEST PALM BEACH FL 33405

1400 FORSYTHE ROAD BAY G
WEST PALM BEACH FL 33405



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

03/04/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

01-0635768

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☒ \$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	GRANTHAM, RANDI	1400 FORSYTHE ROAD BAY G	WEST PALM BEACH FL 33405

500023871865
10/17/03--01025--015 **758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

IGLESIAS, MANUEL E
10 NW LEJEUNE ROAD 5TH FLOOR
MIAMI FL 33126

Name
RANDI JOE GRANTHAM c/o RACHLIN, COHEN & HOLTZ
Street Address (P.O. Box Number is Not Acceptable)
450 E LAS OLAS
Suite, Apt. #, Etc.
950
City
FT. LAUDERDALE
State
FL
Zip Code
33301

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

REGISTERED AGENT MUST SIGN

Date **10-10-03**

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:

RANDI GRANTHAM

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-10-03 561-615-0064

CR2E040 (7/03)