

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

05 NOV 22 PM 4:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 04-05

100061626701  
11/22/05--01055--010 \*\*\*908.75

CR2E081 (8/05)

DOCUMENT # P02000024234

**1. Corporation Name**

UNLIMITED GRUNDY CONSTRUCTION, INC.

**2. Principal Office Address**

541 Coconut Street

Suite, Apt. #, etc.

City & State

Palm Bay, Florida

Zip  
32909

Country  
USA

**3. Mailing Office Address**

541 Coconut Street

Suite, Apt. #, etc.

City & State

Palm Bay, Florida

Zip  
32909

Country  
USA

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

March 04, 2002

**5. FEI Number**

141881078

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

Jon W. Grundy

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

541 Coconut Street

Suite, Apt. #, Etc.

City

Palm Bay

State  
FL

Zip Code

32909

**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

Date 11/16/05

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<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip |
|--------|--------------------------------------|---|--------------------|
| P/D    | Jon W. Grundy                        | 541 Coconut Street                                | Palm Bay, FL 32909 |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |

**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)(l), 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

11/16/05

Date

904-635-4277

Daytime Phone #