

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 FEB -9 AM 8:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PO2000035948**

1. Corporation Name

Grandfield Plumbing & Son

2. Principal Office Address

1301 N. Ocean Blvd

Suite, Apt. #, etc.

1

City & State

Pompano Bch FL

Zip

33062

Country

Broward

3. Mailing Office Address

1301 N. Ocean Blvd

Suite, Apt. #, etc.

1

City & State

Pompano Bch FL

Zip

33062

Country

Broward

REINSTATEMENT 03-04

200028414332

02/09/04--01057--006 **908.75

4. Date Incorporated or Qualified
To Do Business in Florida

4-5-02

5. FEI Number

03-0419734

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

John P. Grandfield

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

1301 N. Ocean Blvd

Suite, Apt. #, Etc.

1

City

Pompano Bch

State

FL

Zip Code

33062

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

John P. Grandfield

REGISTERED AGENT MUST SIGN

Date **2-4-04**

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
Pres	John P. Grandfield	1301 N. Ocean Blvd 1	Pompano Bch FL 33062
V.P.	James Grandfield	3221 N. E 12th St, 2nd W	Pompano Bch FL 33062
Sec	Brenda L. Grandfield	1301 N. Ocean Blvd 1	Pompano Bch FL 33062

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:

John P. Grandfield
John P. Grandfield
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-4-04

Daytime Phone #

954-

298-3637

CR2E081 (01/04)