PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	O9 NOV -6 PM 4: 21
DOCUMENT # 1. Corporation Name Grand Field Rumbing INC.		SECRETARY OF STATE FALLAHASSEE, FLORIDA
P02000() 35948 WD9 — 46959	100161980781 10/21/0901028005 **300.00
2. Principal Office Address - No P.O. Box # 4390 NE 16 AYE		REINSTATEMENT 08-1
Suite, Apt. #, etc.	Suite, Apt. #, etc. City & State.	4. Date Incorporated or Qualified To Do Business in Florida 1 / 2 / 0 2 5. FEI Number Applied For
Zip Country 33064 US	POMPANO BEACH FL Country Country	030419734 Not Applicable 6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Control Name OHN P GRANDF Street Address (P.O. Box Number is Not Acceptable) H390 NE III Address Suite, Apt. #, Etc. City POMPANO BEACH	FIELD VE State Zip Code	The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.
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		
9. Names and Street Addresses of Each Officer and/o	or Director (Florida nonprofit corporations must list at leas	st 3 directors)
Titles Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
	DEIELD 4390 NE 16th AVE	· · · ·1-
VP JAMES GRANDE	HELD MBO NE 7 ST.	DEERFIELD BEACH FL3344
S BRENDA L. GAA	NDFIELD 4390 NE 16th AVE	POMPANOBEACH, FL33064
REINSTAT	TEMENT RH	
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 contained in Chapter 119, 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: **Note:** The information indicated the same legal effect as if made under oath.** **Note:** The information indicated the same legal effect as if made under oath.** **Note:** The information indicated the same legal effect as if made under oath.**		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date) Daytime Phone #		