

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
Dec 12, 2007 8:00 A.M.
Secretary of State

DOCUMENT # PD2000120770

1. Corporation Name Grindstone Installations

600113085456
12/12/07--01049--002 **\$08.75

jb 12.13.07

2. Principal Office Address, No. P.O. Box #
8045 Old Pasco Rd.

3. Mailing Office Address
Same

Suite, Apt. #, etc.

City & State
Wesley Chapel, FL

Zip
33544 County
Pasco

REINSTATEMENT 04-07

4. Date Incorporated or Qualified To Do Business in Florida 11/12/2003

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

Patrick W. Deck
28540 Old Mill Rd.
Wesley Chapel
State FL Zip 33544

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 (Signature) Date 12/11/2007
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 Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Janiece Howard	8045 Old Pasco Rd.	Wesley Chapel, FL 33544
V	Patrick D. Deck	8045 Old Pasco Rd.	Wesley Chapel, FL 33544

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: Janiece Howard (813) 470-9317
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 12/11/07 Daytime Phone #