

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAR 15 AM 8:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000121728

1. Corporation Name

GRILLS BY DESIGN INC.

2. Principal Office Address

1089 ATLANTIC BLVD 1968 HOVINGTON CIR W.

Suite, Apt. #, etc.

UNIT 12

City & State

JACKSONVILLE FL.

Zip

32233

Country

DUVAL

3. Mailing Office Address

1968 HOVINGTON CIR W.

Suite, Apt. #, etc.

City & State

JACKSONVILLE FL.

Zip

32246

Country

DUVAL

REINSTATEMENT

03-04

4. Date Incorporated or Qualified
To Do Business in Florida

MARCH 2003

5. FEI Number

11-3661507

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

BELA ORBAN

800029750868

03/03/04--01026--004 ***900.00

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

1968 HOVINGTON CIR WEST

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32246

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

Bela Orban

Date 2/27/04

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
PRESIDENT	BELA ORBAN	1968 HOVINGTON CIR W JACKSONVILLE FL 32246	JACKSONVILLE FL 32246
V.P.	KATALIN JORDAN	1968 HOVINGTON CIR W.	JACKSONVILLE, FL 32246
TREASURER	KATALIN JORDAN	1968 HOVINGTON CIR W.	JACKSONVILLE, FL 32246

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:

Bela Orban
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/04 (904) 220-5111
Date Daytime Phone #

CR2E081 (10/02)