

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2008 JAN 16 PM 5:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000133837

1. Corporation Name

Grayton Beach House of Art, Inc.

500115312465
01/16/08--01037--011 **450.00

REINSTATEMENT 06-08

2. Principal Office Address - No P.O. Box #

26 Logan Lane

Suite, Apt. #, etc.

B

City & State

Santa Rosa Beach, Florida

Zip

32459

Country

USA

3. Mailing Office Address

26 Logan Lane

Suite, Apt. #, etc.

B

City & State

Santa Rosa Beach, Florida

Zip

32459

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida 12/23/2002

5. FEI Number
061675749

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

Lisa Hinds

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

46 South Blue Heron Drive

Suite, Apt. #, Etc.

City

Santa Rosa Beach

State

FL

Zip Code

32459

☒ 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 1/14/08

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 | Lisa Hinds | 46 South Blue Heron Dr. | Santa Rosa Beach, FL 32459 |
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/08

Date

850-231-9997

Daytime Phone #