

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 DEC 29 PM 12:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000134995

1. Corporation Name

GRRO Holdings Inc.

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

8711 52nd Ave E

Suite, Apt. #, etc.

3. Mailing Office Address

1707 21st St

Suite, Apt. #, etc.

City & State

Bradenton FL

City & State

Eldora IA

Zip

34211

Country

US

Zip

50627

Country

US

400139312054

12/29/08--01019--009 **908.75

CR2E081 (10/08)

4. Date Incorporated or Qualified
To Do Business in Florida

01-02-03

5. FEI Number

42-1572077

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

Loran R Balvanz

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

8711 52nd Ave E

Suite, Apt. #, Etc.

City

Bradenton

State

FL

Zip Code

34211

☐ 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

L. Balvanz
REGISTERED AGENT MUST SIGN

Date

12/23/08

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 |
|--------|--------------------------------------|---|--------------------|
| DPS | Balvanz, Loran R | 8711 52nd Ave E | Bradenton FL 34211 |
| D | Brown, Ken | 2815 Old Bayshore Wy | Tampa FL 33611 |
| | | | |
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REINSTATEMENT

07-08

B 12/29/08

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

12/23/08

Date

Daytime Phone #

641.939.7476