

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 DEC 20 PM 4:46

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P03000141093

1. Corporation Name

Leroy Grimes Construction Company, Inc.

2. Principal Office Address

2935 Holley Point Rd.

Suite, Apt. #, etc.

City & State

Navarre FL

Zip

32566

Country

U.S.

3. Mailing Office Address

2935 Holley Point Rd.

Suite, Apt. #, etc.

City & State

Navarre FL

Zip

32566

Country

U.S.

4. Date Incorporated or Qualified  
To Do Business in Florida

11-25-03

5. FEI Number

73-1687580

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

Leroy Grimes

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

2935 Holley Point Rd.

Suite, Apt. #, Etc.

City

Navarre

State

FL

Zip Code

32566

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

Leroy Grimes

REGISTERED AGENT MUST SIGN

Date 12-16-05

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
PST	Leroy Grimes	2935 Holley Point Rd. Navarre FL 32566	Navarre FL 32566

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:

Leroy Grimes  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-16-05  
Date

850-293-7983  
Daytime Phone #

**Leroy Grimes Construction  
Company, Inc.  
General Contractor**

*RG0066799  
2935 Holley Point Road , Navarre FL. 32566  
850-939-2333 hm 850-293-7983 cell*

**To Whom it may concern,**

**It has come to our attention that our corporation paper work is not up to date. Upon further investigation we have realized that we did not file an annual report for 2004, which has resulted in our corporation being dissolved. In the course of trying to inquire about the necessary steps to be reinstated we have found that we did not receive a notice to file an annual report for 2004. Being a new corporation in Florida we are not familiar with all of the necessary yearly paper work involved and unfortunately has made an honest error simply because we were uninformed. Please be advised that I did not receive the notice to file for 2004 and would highly appreciate the waiver of the \$600.00 reinstatement fee. I am enclosing the necessary \$308.75 for the annual report fee, corporate supplemental fee for 2004, 2005, and the certificate of status. I hope that this is sufficient for reinstatement. Please contact me at 850-293-7962 if there is a problem.**

**Respectfully yours,**

*Leroy Grimes*  
**P/S/T**