

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2008 OCT 17 PM 2:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

000137017190  
10/17/08--01035--007 \*\*600.00

CR2E081 (12/07)

**DOCUMENT # P03000157980**

**1. Corporation Name**

GRANTLIN, INC.

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

100 RUE MARTINE

Suite, Apt. #, etc.

City & State

DESTIN, FL

Zip

32541

Country

UNITED STATES

**3. Mailing Office Address**

100 RUE MARTINE

Suite, Apt. #, etc.

City & State

DESTIN, FL

Zip

32541

Country

UNITED STATES

**4. Date Incorporated or Qualified  
To Do Business in Florida**

12/30/2003

**5. FEI Number**

20-0512179

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

GRANTLIN W. CRIDER

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

100 RUE MARTINE

Suite, Apt. #, Etc.

City

DESTIN

State

FL

Zip Code

32541

☒ 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 10/15/08

**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
MR.	GRANTLIN W. CRIDER	100 RUE MARTINE	DESTIN, FL 32541
MRS.	LINDA CRIDER	100 RUE MARTINE	DESTIN, FL 32541

**REINSTATEMENT**  
05-08

**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:**

GRANTLIN W. CRIDER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #