

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

FILED

98 NOV -9 PM 12:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000008729

1. Corporation Name

GRANJAC RESORTS INC.

Principal Place of Business

Mailing Address

~~713 SOUTH ORANGE AVENUE~~
8440 N. TAMiami TRAIL
SARASOTA, FL 34236 34243.

700002686837-5
-11/13/98-01037-009
***1200.00 ***1200.00

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

12/3/92

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0389644

Applied For

Not Applicable

City & State

City & State

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

Zip

Country

Zip

Country

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D/P/S	STEPHEN C. MULLEN	713 SOUTH ORANGE AVENUE 8440 N. TAMiami TRAIL	SARASOTA, FL 34236 34243.

REINSTATEMENT 95-98

B. 11/12

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

STEPHEN C. MULLEN
~~713 SOUTH ORANGE AVENUE~~
SARASOTA, FL 34236 34243
8440 N. TAMiami TRAIL

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Stephen Mullen

REGISTERED AGENT MUST SIGN

Date

11/04/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒

No ☐

(See other side for information
on intangible tax.)

12. 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:

Stephen Mullen STEPHEN C. MULLEN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/04/98 (941)358 6090
Date Daytime Phone #

CR2E040 (1/98)