

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 1690.00

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

99 APR 26 AM 10:05

STATE OF FLORIDA TALLAHASSEE, FLORIDA

DOCUMENT # 162000011820

1. Corporation Name

GRAND BAY COMMERCIAL, INC.

WFL-8019

800002829478-5 -04/05/99--01119--002 *****35.00 *****8.75

800002829478-5 -04/05/99--01119--001 ***4350.00 ***1650.00

Principal Place of Business Mailing Address

8130 66th ST. N. PINELLAS PARK, FL 34665

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 12/15/1992

5. FEI Number

59-3374364

0512

Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

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

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
Pres	Dane Zimring	8130 66th Street No.	Pinellas Park, FL 33781

(Handwritten initials)

REINSTATEMENT 9399

8. Name and Address of Current Registered Agent

DANE ZIMRING 8130 66TH ST. N. PINELLAS PARK, FL 34665

9. Name and Address of New Registered Agent

Name: Dane Zimring Street Address (P.O. Box Number is Not Acceptable): Suite, Apt. #, Etc.: City: State: FL Zip Code:

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

Dane Zimring

REGISTERED AGENT MUST SIGN

Date: March 30, 1999

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)(b), 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:

(Handwritten signature of Dane Zimring)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DANE ZIMRING

03/30/1999 Date

727/545-5928 (Typed Print)