

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
00 OCT 23 PM 4:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000011820
1. Corporation Name

GRAND BAY COMMERCIAL, INC.

2. Principal Office Address 8130 66th Street North		3. Mailing Office Address 8130 66th Street North	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Pinellas Park, FL 33781		City & State Pinellas Park, FL 33781	
Zip 33781	Country USA	Zip 33781	Country USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 593274364 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: Gregory B. Seeley, Esq.

Street Address (P.O. Box Number is Not Acceptable): 3924 Central Avenue

Suite, Apt. #, Etc.

City: St. Petersburg, FL 33711

State: FL Zip Code: 33711

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: *[Signature]* Date: _____

REGISTERED AGENT MUST SIGN

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
P	Dane Zimring	8130 66th Street North	Pinellas Park, FL 33781

REINSTATEMENT *[Handwritten initials]* **TS**

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: *[Signature]* **Dane Zimring, President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2001 (9/99)