

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

99 NOV 29 PM 12:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000014919

1. Corporation Name

GRANT BROTHERS PAINTING, INC.

Principal Place of Business

917 SE 20 PL
CAPE CORAL FL 33990
US

Mailing Address

917 SE 20 PL
CAPE CORAL FL 33990
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/01/1993

5. FEI Number

65-0376134

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75. A statement of fees required
for an application for 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	4. City / State / Zip
PS	GRANT, TODD 133 SE 18 ST. Cape Coral FL 33990	1705 S.E. 9TH TERR. P.O. Box 152346 FL 33915	CAPE CORAL FL 33990
T	GRANT, KEITH	1705 S.E. 9TH TERR. 917 SE 20 PL	CAPE CORAL FL 33990
V.P.	Mark Jacobs	3837 Country Club Blvd. Apt. A	Cape Coral FL 33904

REINSTATEMENT

600003059918--3
-12/14/99--01093--010
***750.00 ***750.00

8. Name and Address of Current Registered Agent

GRANT, TODD
1705 S.E. 9TH TERR.
CAPE CORAL FL 33990

9. Name and Address of New Registered Agent

Name Grant, Todd
Street Address (P.O. Box Number is Not Acceptable)
P.O. Box 917 SE 20 PL.
Suite, Apt. #, Etc.
City Cape Coral State FL Zip Code 33990

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

Todd Grant

Date 11-1-99

REGISTERED AGENT MUST SIGN

11. 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:

Todd Grant
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-1-99
Date

941-940-3148
Daytime Phone #