

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

iofr

97-00488
DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 JUL 31 PM 12:07

DOCUMENT # P93000021380

1. Corporation Name

G.R. Bran, Inc

2. Principal Office Address

39310 US Hwy 19
Suite, Apt. #, etc.

Suite B 11

City & State

Tarpon Springs, FL

Zip Country
34689 USA

3. Mailing Office Address

39310 US Hwy 19
Suite, Apt. #, etc.

Suite B 11

City & State

Tarpon Springs, FL

Zip Country
34689 USA

4. Date Incorporated or Qualified
To Do Business in Florida

1-1-93

5. FEI Number

59-3057891

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

Gail R. Branovan

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

2621 Forrest Run Court

Suite, Apt. #, Etc.

City

Clearwater

State

FL

Zip Code

34621

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

Gail R. Branovan

Date

7-7-2000

REGISTERED AGENT MUST SIGN

SHUTDOWN

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
Officer and/or Director

City / State / Zip

P. Gail R. Branovan

2621 Forrest Run Court, Clearwater, FL 34621

000003352890--2

08/10/00 01094 009
****680.00 ****680.00

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:

Gail R. Branovan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

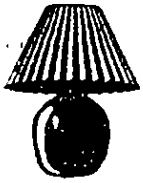
7-7-2000

Date

727-845-2774

Daytime Phone #

CR2E081 (9/99)



Lamp & Shade Emporium, Inc.
6629 U.S. 19
New Port Richey, FL 34652
(727) 849-2774
(727) 849-2624 (FAX)



2052

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sirs,

Attached is the Corporate Reinstatement form for G.R. Bran, Inc. and check # 5357 for \$680.00.

I moved my business in 1996 and the corporate registration papers were not delivered to my new address. I did not know that the corporation had to be registered each year. Please accept the registration fees for the years that I inadvertently missed. Also, please waive the \$600.00 reinstatement fee because I did not know about the annual registration fee.

Sincerely,

Gail Branovan