

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

97 SEP -5 11 9:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000084916

1. Corporation Name

GRAND RESERVE INC.

Principal Place of Business

Mailing Address

290 NORTHERN WAY SUITE B-1
WINTER SPRINGS, FL 32708

SAME

REINSTATEMENT 96-97

ad

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

12/15/93

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59-3220202

Not Applicable

Zip

Country

Zip

Country

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)

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
PRES	THOMAS E WASHIN	UNIT 505 5300 OCEAN REEF BLVD	COLOMBIA, FL 32931
SECTY	WILLIAM E STARNER	107 BAYTREE COURT	WINTER SPRINGS FL 32708

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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MOSLEY, WALLIS & WHITEHEAD, P.A.
CURTIS R. MOSLEY, ESQUIRE
P.O. BOX 1210 1221 E, New Haven Ave.
MELBOURNE, FL 32902-1210

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 8/29/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
W E STARNER SECTY

8/29/97
8/15/97
Date

407 977 1080
Daytime Phone #

CPRE040 (1/96)