APPLICATION FLORIDA DEPARTME	arris
REINSTATEMENT Secretary of Societary of Soci	
DOCUMENT #POUCO 23(100)	LLE ALLESET LE LORIDA
GRAND BAY COMMUNITY PROPERTIES, INC.	
Principal Place of Business Mailing Address	7000028294778 -04/05/9901119001
8130 66TH ST., N. PINELLAS PARK, FL 34665	***4350.00 ****\$00.00 7000026;2;5;47778 -04/05/3901119002 *****35.00 ******8.75
If above addresses are incorrect in any way, line through incorrect information and enter  2. New Principal Office Address, If Applicable  3. New Mailing Office Address, If	correction below:
Suite, Apt. #, etc Suite. Apt. #, etc	To Do Business in Florida 03/29/1994
City & State City & State	5. FEI Number Applied For Not Applicable
Zip Country Zip Country	S8.75 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)  Name of Officers  Street Address of Each	
Title(s) and/or Directors Officer and/or Director Officer and/or Director (On NOT Use Post Office Box Numbers)  Only / State / Zip  Only / State / Zip	
Aes. Dane 2 mring 8130 6674 St. No. Pinella Park, 17. 32781	
	REINSTATEMENT GREAT
Name and Address of Current Registered Agent	Name and Address of New Registered Agent     Name
DANE ZIMRING 8130 66TH ST., N.	Street Address (P.O. Box Number is Not Acceptable)
PINELLAS PARK, FL 34665	Suite, Apt. #, Etc.
	City State Zip Code
10. I, being appointed be egistered agent of the above named corporation, and familiar with and accept the obligations of Section 607.0505, F,S	
Signature of Registered Agent March 30, 1999  Dane Zimring Registered AGENT MUST SIGN	
11. This corporation owes 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 filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR D	03/30/1999 727/545-5928 Date Daytime Prione #
DANE ZIMRING	