

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

95 NOV 22 AM 9:35

SECRETARY OF STATE
 TALLAHASSEE FLORIDA

DOCUMENT # P95000014711

1. Corporation Name
GRAPPAS, INC.

Principal Place of Business 1207 PANFERIO DR. PENSACOLA BEACH FL 32561	Mailing Address 1207 PANFERIO DR. PENSACOLA BEACH FL 32561
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REINSTATEMENT 9600

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 02/20/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc. PO BOX 789		5. FEI Number 59-3296377	
City & State		City & State GULF BREEZE, FLORIDA		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
		32562-0789	SANTA ROSA		

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	DE BALTHAZAR, PANDORA M	1207 PANFERIO DR.	PENSACOLA BEACH FL 32561
D	DE BALTHAZAR, EMIL	1207 PANFERIO DRIVE	PENSACOLA BEACH, FL 32561

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 ***375.00 ***375.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
DE BALTHAZAR, PANDORA M 1207 PANFERIO DR. PENSACOLA BEACH FL 32561		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State FL Zip Code

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]* **REQUIRED** Date: 11-11-96
 REGISTERED AGENT MUST SIGN

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)(f), 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: X *[Signature]* **REQUIRED** Date: 11-11-96
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR32540 (7/95)