

**APPLICATION  
FOR  
REINSTATEMENT**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 DEC 27 PM 1:45

**DOCUMENT # P95000014711**

1. Corporation Name

**GRAPPAS, INC.**

Principal Place of Business

Mailing Address

14 N PALAFOX  
PENSACOLA FL 32501  
US

P.O. BOX 789  
GULF BREEZE FL 32562-0789



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

**REINSTATEMENT**

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02/20/1995	
City & State		City & State		5. FEI Number	
Zip		Country		59-3296377	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	DE BALTHAZAR, PANDORA M	<del>1207 PANFERIO DR.</del> 14 N. PALAFOX ST.	PENSACOLA BEACH FL 32564 32501
D	DE BALTHAZAR, EMIL	1207 PANFERIO DR. 14 N. PALAFOX ST.	PENSACOLA BEACH FL 32564 32501

700003523917--0  
-01/04/01--01102--008  
\*\*\*\*750.00 \*\*\*\*750.00

*[Handwritten Signature]*  
12/26

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DE BALTHAZAR, PANDORA M  
~~1207 PANFERIO DR.~~ 14 N. PALAFOX ST.  
PENSACOLA BEACH FL 32564 32501

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

*[Handwritten Signature]*

Date

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:

*[Handwritten Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/01/00  
Date

850-432-4777  
Daytime Phone #

CR2E040 (8/00)