

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Martham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P95000049807**

1. Corporation Name

**GRANADA ENTERPRISES OF ORMOND, INC.**

Principal Place of Business	Mailing Address
121 GRANADA BLVD. ORMOND BEACH FL 32176	121 GRANADA BLVD. ORMOND BEACH FL 32176

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 <b>06/26/1995</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number <b>59-3326797</b>
City & State	City & State	Applied For Not Applicable
Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	2	Name of Officers and/or Directors	3 (Do NOT Use Post Office Box Numbers)	Street Address of Each Officer and/or Director	4	City / State / Zip
PD		<b>MENSUL, OLGA</b>		<b>3608 S. PENINSULA DR., APT. 401</b>		<b>PORT ORANGE FL 32127</b>
VSTD		<b>MENSUL, IGOR</b>		<b>3608 S. PENINSULA DR., APT. 401</b>		<b>PORT ORANGE FL 32127</b>
					<b>800002005378--3</b>	<b>11/15/96 01008-002</b>
					<b>*****375.00</b>	<b>*****375.00</b>

**REINSTATEMENT** *11/15/96*

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
JOHNSON, RONALD N ESO. 328 S. GRANDVIEW AVENUE DAYTONA BEACH FL 32118	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City
	State Zip Code <b>FL</b>

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

*Ronald N. Johnson*

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)(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: *RONALD N. JOHNSON*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*10 20 96 9-6771239*

Date

Daytime Phone #

CGEN/171