

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

APPROVED
AND
FILED

DOCUMENT # P95000090932

1. Corporation Name

GRAPEVINE INVESTMENTS, INC.

97 APR 29 PM 1:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

~~0000 GULF BLVD-~~
~~SUITE 0A~~
~~0T PETERSBURG BEACH FL 03700~~

~~0000 GULF BLVD~~
~~SUITE 0A-~~
~~0T PETERSBURG BEACH FL 03700~~



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

2. New Principal Office Address, If Applicable

16681 MCGREGOR BVD

Suite, Apt. #, etc.

SUITE 201

City & State

FT MYERS FLORIDA

Zip

33908

Country

3. New Mailing Office Address, If Applicable

P.O. BOX #568

Suite, Apt. #, etc.

City & State

ST PETERSBURG FLORIDA

Zip

33731

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/27/1995

5. FEI Number

59-334-5873

Applied For

Not Applicable

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	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PD	SHAMBERGER, BOB JR	16681 MCGREGOR BLVD, SUITE 201	FT MYERS FL 33908
VSTD	YARBROUGH, CATHERINE A YARBROUGH,	0000 GULF BLVD- 6720 29TH STREET SOUTH	0T PETERSBURG BEACH FL 03700 ST PETERSBURG FL 33712
			600002169526--1 -05/07/97--01065--022 ****\$23.75 ****\$23.75

REINSTATEMENT 96-97
A. Alan
4/29/97

8. Name and Address of Current Registered Agent

DAVIDSON, DARRYL G
0502 HENDERSON BLVD
SUITE 000
TAMPA FL 33309

9. Name and Address of New Registered Agent

Name
ROBERT R I O, ESQ
Street Address (P.O. Box Number is Not Acceptable)
13575 58TH STREET NORTH
Suite, Apt. #, Etc.
SUMMIT BUILDING SUITE 102
City
CLEARWATER State
FL Zip Code
34620

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

4/29/97

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:

Catherine A. Yarbrough
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
CATHERINE A. YARBROUGH Secretary

April 24, 1997 813-596-8159
Date Daytime Phone #

CR2E040 (7/96)