

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 JUL -2 AM 8:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000091986

1. Corporation Name

GRAND HORIZONS, INC

2. Principal Office Address

7645 GREEN SLOPE DR.

Suite, Apt. #, etc.

City & State

ZEPHYRHILLS FL

Zip

Country

33541

3. Mailing Office Address

7645 GREEN SLOPE DR

Suite, Apt. #, etc.

City & State

ZEPHYRHILLS FL

Zip

Country

33541

REINSTATEMENT 00-02

4. Date Incorporated or Qualified
To Do Business in Florida

12/04/95

5. FEI Number

58-2208769

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

NEUKOM GEORGE A JR

Street Address (P.O. Box Number is Not Acceptable)

38444 FIFTH AVE

Suite, Apt. #, Etc.

City

ZEPHYRHILLS

500006274505-9

FL 07/04/02-01037-018
33540 ***1050.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

George A Neukom Jr

REGISTERED AGENT MUST SIGN

Date

6/24/02

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PO	<u>NEUKOM, GEORGE A. JR.</u>	<u>38444 FIFTH AVE</u>	<u>ZEPHYRHILLS FL 33540</u>
STD	<u>MEYER, FREDERICK A.</u>	<u>711 Guisando de Avila</u>	<u>Tampa FL 33613</u>

10. 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:

FRED MEYER

06/27/02

813.949.4777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (9/01)