

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



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

FORM
AND
FILED

97 OCT 30 PM 2:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000021681

1. Corporation Name

ALAN GRIPPO, INC.

Principal Place of Business

200 OCEAN TRAIL WAY
SUITE 1206
JUPITER FL 33477

Mailing Address

200 OCEAN TRAIL WAY
SUITE 1206
JUPITER FL 33477

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

03/08/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0679717

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
President	ALAN GRIPPO	200 OCEAN TRAIL WAY #1206	JUPITER FL 33477

400002338044--3
-11/04/97--01083--019
****173.50 ****173.50

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

9. Name and Address of New Registered Agent

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

Alan Grippo

REGISTERED AGENT MUST SIGN

Date

10/27/97

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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:

Alan Grippo

ALAN GRIPPO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/27/97

Date

561 745 8223

Daytime Phone #

CR2040 (8/97)

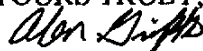
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
PO BOX 6327
TALLAHASSEE, FL 32314

10/27/97

TO WHOM IT MAY CONCERN;

PLEASE FIND ENCLOSED APPLICATION FOR REINSTATEMENT. I HAVE NEVER RECEIVED A NOTICE OVER THE PAST YEAR FOR THE ANNUAL REPORT DUE. AS THIS IS MY FIRST YEAR OF INCORPORATION, THERE MAY HAVE AVE BEEN AN OVERSIGHT. PLEASE ACCEPT MY CHECK FOR \$173.50 FOR ANNUAL FILING FEES AS WELL AS A **REQUEST FOR A CERTIFICATE OF STATUS.** IF THERE ARE ANY OTHER DOCUMENTS TO BE FILLED OUT , PLEASE FORWARD THEM TO THE ADDRESS BELOW. THANK YOU FOR YOUR HELP IN THIS MATTER.

YOURS TRULY



ALAN GRIPPO

ALAN GRIPPO INC.
200 OCEAN TRAIL WAY #1206
JUPITER, FL 33477