

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED Pg. 1 of 2

**CORPORATION  
REINSTATEMENT**



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

00 MAY -9 PM 3:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000103719

**1. Corporation Name**

GRP of Fort Walton Beach, Inc.  
348 SW Miracle Strip Pkwy, Ste 39  
Ft. Walton Bch FL 32548

**2. Principal Office Address**

Suite, Apt. #, etc.

City & State

Zip

Country

**3. Mailing Office Address**

Suite, Apt. #, etc.

City & State

Zip

Country

**REINSTATEMENT**

97180

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**5. FEI Number**

59-3416277

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

Thomas D. Sieck

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

348 SW Miracle Strip Pkwy Ste 39

Suite, Apt. #, Etc.

Suite 39

City

Ft. Walton Bch

State

FL

Zip Code

32548

See attached

**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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

4/26/00

**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
Dir.	GARY M. PAULZAK	348 SW Miracle Strip Pkwy Ste 39	Ft. Walton Bch FL 32548

700003284427-3  
-06/12/00--01026--009  
\*\*\*1235.00 \*\*\*1200.00

**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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/00  
Date

850 244 9416 KE  
Daytime Phone #

CP2E081 (9/99)

lg.20f2

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: GMP of FWR Inc.
2. The mailing address of the corporation is: 348 SW Miracle Strip Pkwy Suite 39 Ft. Walton Beach FL 32548
3. Date of incorporation/qualification: \_\_\_\_\_ Document number: P96000103719
4. The name and address of the current registered agent and office:

Thomas D. Siech  
348 SW Miracle Strip Pkwy, Suite 39  
Ft. Walton Beach, FL 32548

5. The name and address of the new registered agent and office: (P. O. Box **Not** Acceptable)

GARY M. PAULZAK  
348 SW Miracle Strip Pkwy, Suite 39  
Ft. Walton Beach, FL 32548

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

[Signature]  
(Signature of an officer, chairman or vice chairman of the board)

4/26/00  
(Date)

GARY M. PAULZAK  
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

[Signature]  
(Signature of Registered Agent)

4/26/00  
(Date)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

\_\_\_\_\_  
(Capacity)

**\*\*\* FILING FEE: \$35.00 \*\*\***

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\*\*\*1235.00 \*\*\*\*\*35.00