

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 NOV 22 PM 3:36

DOCUMENT # P96000103975

1. Corporation Name

GRIGSBY BROTHERS TRUCK SERVICE & REPAIRS, INC.

Principal Place of Business

4130 WAUSAU
FORT MYERS FL 33916

Mailing Address

4130 WAUSAU
FORT MYERS FL 33916



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

REINSTATEMENT 99

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/23/1996

5. FEI Number

65-0481092

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 A 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PTD	GRIGSBY, REGINALD W	2749 COLONIAL BLVD., #105	FT. MYERS FL 33907
VSD	GRIGSBY, DWIGHT J	3791 WINKLER AVENUE, #224	FORT MYERS FL 33916

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****776.25 ****776.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GRIGSBY, REGINALD W
2749 COLONIAL BLVD., #105
FT MYERS FL 33907

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

Reginald W. Grigsby
REGISTERED AGENT MUST SIGN

Date 11/2/99

11. 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:

Reginald W. Grigsby
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/2/99
Date

(941)
3349488
Daytime Phone

AD

CR2E040 (8/99)