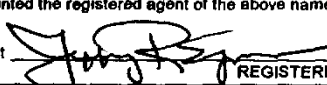
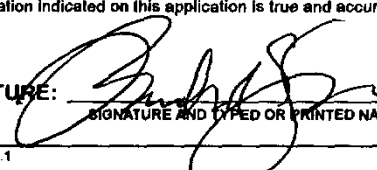


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # PA7000077488 1. Corporation Name GRANADA BAY INC			
Principal Place of Business GRANADA BAY APARTMENTS 2639 GRANADA BAY DR MELBOURNE, FL 32934		Mailing Address P.O. BOX 906 COLUMBUS, IN 47202-0906	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
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 09/04/97		5. FEI Number 35-2024923	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		\$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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P/S/D	RICHARD S EYNON	555 FIRST ST	COLUMBUS, IN 47201
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
1.		Name	
		JEFFREY R EYNON	
		Street Address (P.O. Box Number is Not Acceptable)	
		2619 MISSION ROAD	
		Suite, Apt. #, Etc.	
		OFFICE	
		City	
		TALLAHASSEE	
		State	
		FL	
		Zip Code	
		32303	
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 		Date 07/28/99	
REGISTERED AGENT MUST SIGN			
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
(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 name 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: 		RICHARD S EYNON	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		07/28/99 812-375-2546	
		Date Daytime Phone #	