

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED
 99 MAR 18 PM 4:45

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **PA7000084951**
 1. Corporation Name **Grande Island Real Estate, Inc.**

Principal Place of Business
P.O. Box 97
Boca Grande, FL 33921

Mailing Address
P.O. Box 97
Boca Grande, FL 33921

REINSTATEMENT 98-99

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida **9/29/97**

5. FEI Number **65-0789406**

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
President	Hanna, Joseph R.	330 New Castle	Rochester, N.Y. 14610
VP/D	Corkhill, John T.	5581 Burnham Court	N.H. Myers, FL 33903

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Signature of Registered Agent **[Signature]**
 REGISTERED AGENT MUST SIGN

Name **Scott D. Peterson**
 Street Address (P.O. Box Number is Not Acceptable) **6020 Boca Grande Causeway**
 Suite, Apt. #, Etc.
 City **Boca Grande** State **FL** Zip Code **33921**

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 **[Signature]** Date **3/6/99**

11. This corporation owes 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 612, 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 607.0101 or 612.0101, 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)(b), 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: **Joseph R. Hanna**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/99
941-984-2080
 Date of Filing
 Day/Evening Phone

CD2581-1-1-98