

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 MAR -4 AM 8:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000089580

1. Corporation Name Grand Manufacturing, Inc

2. Principal Office Address

14449 Pond PI Dr

Suite, Apt. #, etc.

3. Mailing Office Address

14449 Pond PI Dr

Suite, Apt. #, etc.

City & State

Jacksonville FL

Zip 32223

Country USA

City & State

Jacksonville FL

Zip 32223

Country USA

**REINSTATEMENT** 02-03

4. Date Incorporated or Qualified  
To Do Business in Florida

Oct. 17, 1997

5. FEI Number

59-3476567

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

Stephen A. Hould

700013514707

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

444 Third Street

Suite, Apt. #, Etc.

City

Neptune Beach

State  
FL

Zip Code

32266

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

02/28/2003

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
Pres	Joyce-H. Moore	14449-Pond PI Dr	Jacksonville FL-32223
VP	James E. Moore	14449 Pond PI Dr	Jacksonville FL 32223

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:

Joyce H. Moore Joyce H. Moore 2-28-03 904 886-9758  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (10/02)

js 3/6