CORPORATION REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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99-00

REINSTATEMENT

DOCUMENT # P97000092026

1. Corporation Name

Grand Hooker, Inc.

2. Principal Office Address
2717 N.E. 26 Avenue

Suite, Apt. #, etc.

City & State
Lighthouse Point, Fl.

Zip 33064   Country USA

3. Mailing Office Address
2717 N.E. 26 Avenue

Suite, Apt. #, etc.

City & State
Lighthouse Point, Fl.

Zip 33064   Country USA

4. Date Incorporated or Qualified To Do Business in Florida   10/24/97

5. FEI Number
59-3476008 | Applied For | Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X] $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Thomas E. Conlan

Street Address (P.O. Box Number is Not Acceptable)
2717 N.E. 26 Avenue

Suite, Apt. #, Etc.

City Lighthouse Point, | State FL | Zip Code 33064

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-10/04/00--01001--014
****908.75   ****908.75

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 _____   Date 9/14/00
REGISTERED AGENT MUST SIGN

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
PST	Thomas E. Conlan	2717 N.E. 26 Avenue	Lighthouse Point, Fl. 33064

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.

AD

SIGNATURE: _____   9/14/00   954/781-6322
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E081 (9/99)