

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JUN -7 AM 7:19

REINSTATEMENT 03-04

DOCUMENT # P97000092026

1. Corporation Name

GRAND HOOKER, INC.

2. Principal Office Address

330 N. ANDREWS AVENUE

3. Mailing Office Address

Suite, Apt. #, etc.

SUITE 350

Suite, Apt. #, etc.

City & State

FORT LAUDERDALE

City & State

FLORIDA

Zip

33301

Country

USA

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

10/27/1997

5. FEI Number

59-3476008

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

THOMAS CONLAN

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

330 NORTH ANDREWS AVENUE

Suite, Apt. #, Etc.

SUITE 350

City

FORT LAUDERDALE

State

FL

Zip Code

33301

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

REGISTERED AGENT MUST SIGN

Date

4/28/04

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
D	THOMAS CONLAN	350 N. ANDREWS AVE., STE 350	FT LAUDERDALE, FL 33301

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954-522-6632

Date

Daytime Phone #

CR2E081 (01/04)

6/10 AD