

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 APR -4 AM 10:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000017863

1. Corporation Name

GRAINS OF OLDE, INC.

2. Principal Office Address

2708 UNIVERSITY DR.

Suite, Apt. #, etc.

City & State

CORAL SPRINGS, FL

Zip

33065

Country

USA

3. Mailing Office Address

2708 UNIVERSITY DR.

Suite, Apt. #, etc.

City & State

CORAL SPRINGS, FL

Zip

33065

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

02/23/1998

5. FEI Number

65-0817089

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 02-03

7. Name and Address of Current Registered Agent

Name

MAUREEN HUGHES

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

9400 N.W. 39th COURT

Suite, Apt. #, Etc.

City

CORAL SPRINGS

State

FL

Zip Code

33065

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

Maureen G. Hughes

REGISTERED AGENT MUST SIGN

Date

3/4/03

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 | MAUREEN HUGHES | 9400 N.W. 39th Ct. | CORAL SPRINGS, FL 33065 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

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:

Maureen G. Hughes

3/4/03

Date

954-255-3778

Daytime Phone #

CR2E081 (10/02)

7/4/7