

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 FEB 12 PM 4: 27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 998000023201

1. Corporation Name

GRANDMASTERS PIANO INC.

2. Principal Office Address

408 N. ANDREWS AVE

Suite, Apt. #, etc.

3. Mailing Office Address

408 N. ANDREWS AVE

Suite, Apt. #, etc.

City & State

FT LAUD FL

Zip

33301

Country

BROWARD

City & State

FT LAUD FL

Zip

33301

Country

BROWARD

**REINSTATEMENT** 99-01

4. Date Incorporated or Qualified  
To Do Business in Florida

3-12-98 **SP**

5. FEI Number

65-0823852

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

DEAN PALMER

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

410 N ANDREWS AVE

Suite, Apt. #, Etc.

688883748346 2

-02/23/01--01005--009

\*\*\*1058.75 \*\*\*1058.75

City

FT LAUD FL

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

Dean Palmer

REGISTERED AGENT MUST SIGN

Date 01-31-01

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
P	DEAN PALMER	400 N ANDREWS AVE	FT. LAUD FL. 33301
V	DEAN PALMER II	410 N. ANDREWS AVE	FT LAUD 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:

Dean Palmer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-31-01

Date

954-761-1241

Daytime Phone #

CR2E081 (9/00)