

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P98000025294

1. Corporation Name

GRANDSTAFF ENTERPRISE INC.

Principal Place of Business

Mailing Address

10816 N HWY 41 NORTH
PALMETTO FL 34221

10816 N HWY 41 NORTH
PALMETTO FL 34221

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

03/16/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0822702

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	GRANDSTAFF, RAYMOND O	10816 N HWY 41 NORTH	PALMETTO FL 34221
VP	GRANDSTAFF, NELLIE M	10816 N HWY 41 NORTH	PALMETTO FL 34221

500003506295--4

-12/19/00--01093--007

***750.00 ***750.00

LS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GRANDSTAFF, RAYMOND O
10816 N HWY 41 NORTH
PALMETTO FL 34221

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Raymond O. Grandstaff
REGISTERED AGENT MUST SIGN

Date

11. 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:

SIG Paul A. Semanico
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/10/00

FILED

00 DEC -5 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

2000

CR2E040 (8/00)