

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

DOCUMENT # P98000072724

1. Corporation Name

GRATEFUL PARTNERS, INC.

99 NOV -5 PM 3:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

2399 N. FEDERAL HIGHWAY
BOCA RATON FL 33431

Mailing Address

2399 N. FEDERAL HIGHWAY
BOCA RATON FL 33431



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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/17/1998

5. FEI Number

65-0856915

Applied For

Not Applicable

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)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
PTD	WATTS, ALAN	2399 N. FEDERAL HIGHWAY	BOCA RATON FL 33431
SD	MINZER, JAY	2399 N. FEDERAL HIGHWAY	BOCA RATON FL 33431

100003046371--4
-11/16/99--01097--024
****150.00 ****150.00

TS

8. Name and Address of Current Registered Agent

FELDMAN, JOEL H
4800 N. FEDERAL HIGHWAY, SUITE 207D
BOCA RATON FL 33431

9. Name and Address of New Registered Agent

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

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:

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALAN WATTS, President

10-12-99
Date

561-392-6770
Daytime Phone #

Grateful Partners, Inc.
2399 N. Federal Hwy.
Boca Raton, Florida 33431
561-392-6770

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

This letter is to request a one-time waiver of the reinstatement fee for this company. We are a new corporation and never have received any other notices for a renewal until the dissolution notice was received.

I am now aware that the renewal is due by May 1 of each year and this will not happen again.

Thank you very much for your understanding and consideration.

Truly yours,


Alan Watts
President