

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV -4 AM 11:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000001348

1. Corporation Name

GRAMMY WHOLESALE WAREHOUSING, INC.

Principal Place of Business

Mailing Address

4010 N. 28TH TERRACE  
HOLLYWOOD FL 33020

4010 N. 28TH TERRACE  
HOLLYWOOD FL 33020

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

01/06/1999

5. FEI Number

65-0887412

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	ACKER, KERRY	515 E. 72ND STREET	NEW YORK NY 10021
P	CARIN, FURER	<del>9250 BROAD ST</del> 17561 VIA CAPE	BOCA RATON FL 33434 33496

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

Edward Furer

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

17561 VIA CAPE

Suite, Apt. #, Etc.

Boca Raton

City

FLA

State

FL

Zip Code

33496

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of  
Registered Agent

Signature of Edward Furer  
REGISTERED AGENT MUST SIGN

Date

10/25/02

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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARIN Furer

10/25/02

Daytime Phone #

10/25/02

Dear Sir,

With regard to your notice of Dissolution or Revocation, we have been in business for the past three years and have sent payments in for 1999 to 2001.

We did not receive any notification this year for payment.

We are from New York and are not familiar with Florida Corporate Laws & we were totally unaware this was a yearly fee.

We are enclosing a check for \$150<sup>00</sup> asking you to kindly waive the reinstatement fee.

If you need any additional information you may contact me at 1-954-929-3336.

Thank you.  
Eric Furer  
President