

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 FEB -6 PM 1:50

DOCUMENT # P99000021183

1. Corporation Name

Grizzly Construction Co.

9689

500013272095
02/28/03--01045--027 **308.75

2002-2003 UBR

2. Principal Office Address

3. Mailing Office Address

9689 Bull Headley Rd

Talla FL 32312

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Tallahassee FL

Talla FL

Zip

Country

32312

LEON

Zip

Country

32312

LEON

4. Date Incorporated or Qualified
To Do Business in Florida

3-8-99

5. FEI Number

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

Mike Gannon

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

9689 Bull Headley Rd Talla FL 32312

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32312

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

Mike Gannon

Date 2-6-03

REGISTERED AGENT MUST SIGN

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	Mike Gannon	9689 Bullheadley Rd. TALLA FL	TALLA FL 32312
VP	Linda Gannon	9689 Bullheadley Rd TALLA FL 32312	TALLA FL 32312
VP	Justin Gannon	9689 Bullheadley Rd TALLA FL 32312	TALLA FL 32312

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:

Mike Gannon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2 6 03

Date

(850) 668-4062

Daytime Phone #

CR2E081 (9/01)