

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

102

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

01-02 UBR

AND
FILED

02 JUL 22 AM 11:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **POP0000691433**

1. Corporation Name

**GRAZZO PROPERTY
MANAGEMENT CORP.**

600006854656--7

-08/01/02--01047--003

******300.00 ****300.00**

2. Principal Office Address

1922 SE 26 STREET

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CAPE CORAL FLORIDA

City & State

Zip

Country

Lee

Zip

Country

33904

33904

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

N/A

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

WILBUR SMART

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

1922 SE 26 STREET

Suite, Apt. #, Etc.

CAPE CORAL

City

FLORIDA

State
FL

Zip Code

33904

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

2/12/02

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
President	WILBUR SMART	1922 SE 26 ST	CAPE CORAL FL. 33904
Secretary	BRENDA MAJOR	1206 SE 16 th TERRACE	CAPE CORAL FL 33990

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/9/02

Daytime Phone #

CR2E081 (9/00)

1922 S.E. 26th Street
Cape Coral, Florida
33954

2/12/02

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To Whom it may concern;

Dear Sir / Madam;

I would like to be reinstated
for the Corporation Grazzo property management.
I was sick, hospitalized for a long term and
did not receive the uniform business report
from your office. This caused a delay in
forwarding to you the good faith money of ^{300.00}~~\$150.00~~

I would appreciate it if you
reinstated the Corporation of Grazzo property
management Corp. as soon as possible. I am
forwarding to you the amount of ^{300.00 (Bm)}~~\$150.00~~

Thank you,
[Signature]
Linda Major