

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION  
FOR  
REINSTATEMENT



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

REMOVED  
AND  
FILED  
00 OCT 26 PM 3:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000105496**

1. Corporation Name

**GRAN-MAR, INC.**

Principal Place of Business

Mailing Address

10146 RICHARDSON COURT  
ORLANDO FL 32825

10146 RICHARDSON COURT  
ORLANDO FL 32825



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

12/03/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3610049

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6.

CERTIFICATE OF STATUS DESIRED

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	BIJARRO, HOMERO	5748 KINGSGATE DRIVE, APT. #C	ORLANDO FL 32839
D	MARTINEZ, CARLOS L	10146 RICHARDSON COURT	ORLANDO FL 32825
			300003465003--3 -11/15/00--01108--007 *****150.00 *****150.00
			300003465003--3 -11/15/00--01108--008 *****8.75 *****8.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BIJARRO, HOMERO  
5748 KINGSGATE DRIVE  
APARTMENT #C  
ORLANDO FL 32839

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

**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date

10/20/00

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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/20/00

10-23-00

py Val

# Gran-Mar, Inc.

Our company moved and we never recieved  
the first letter you sent regarding the  
Reinstatement of our company. So please Review  
this letter and we have sent the \$150.00 and  
\$6.75 for the Review.

Thank you

Vernica Martinez

If you have any questions please give me a call

(401) 382-6127 (office)

(401) 658-8449 (Home)

(401) 658-9094 (Fax)

Thank you