

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 NOV 22 PM 1:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **531966**

1. Corporation Name

Phil Grabo Inc.

2. Principal Office Address

5219 Cape Leyte

Suite, Apt. #, etc.

3. Mailing Office Address

4604 Baycorder Lane

Suite, Apt. #, etc.

City & State

Sarasota FL

City & State

Sarasota FL

Zip

34242

Country

Sarasota

Zip

34241

Country

Sarasota

4. Date Incorporated or Qualified
To Do Business in Florida

2-14-1991

5. FEI Number

59-3055074

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

Dana J. Watts

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

1620 Main St.

Suite, Apt. #, Etc.

Suite One

City

Sarasota

State

FL

Zip Code

34237

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

Dana J. Watts

Date **11/18/04**

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
CEO	A. Philip Grabo	4604 Baycorder Lane	Sarasota FL 34241
VP	SAME	Same	Same

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)(f), 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

11-18-04

Date

941-400-8390

Daytime Phone #

CR2E081 (01/04)