

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 DEC 13 PM 4:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *V06573*

1. Corporation Name

Grandview Paper Supply Co. Inc

2. Principal Office Address

826 Eyrie Drive

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Oviedo FL

City & State

Zip

32765

Country

Seminole

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

January 1992

5. FEI Number

59-3109483

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT *04*

7. Name and Address of Current Registered Agent

Name

Jayne Cunningham

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

826 Eyrie Drive

Suite, Apt. #, Etc.

Oviedo FL

City

Oviedo

State
FL

Zip Code

32765

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

Jayne Cunningham
REGISTERED AGENT MUST SIGN

Date

12-10-04

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
<i>Pres</i>	<i>Jayne Cunningham</i>	<i>826 Eyrie Dr.</i>	<i>Oviedo, FL 32765 WK</i>
		<i>366 Chinook Cir</i>	<i>Lake Mary, FL 32746 HM</i>

12/13

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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:

Jayne Cunningham
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-10-04

Daytime Phone #

407-366-4502

CR2E081 (01/04)