

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 FEB 24 AM 11:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

V52265

1. Corporation Name

Granville, Inc.

Principal Place of Business

7350 S. Tamiami Tr. No. 220
Sarasota, FL 34231

Mailing Address

7350 S. Tamiami Tr. No. 220
Sarasota, FL 34231

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

July 23, 1992

Suite, Apt. #, etc.

7350 S. Tamiami Tr. No. 220

Suite, Apt. #, etc.

7350 S. Tamiami Tr., No. 220

City & State
Sarasota, FL

City & State
Sarasota, FL

5. FEI Number

65-0750613

Applied For

Not Applicable

Zip Country
34231 USA

Zip Country
34231 USA

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/T/D	Bernard L. Isaacs	7350 S. Tamiami Tr. No. 220	Sarasota, FL 34231
V/S/D	Jane S. Isaacs	7350 S. Tamiami Tr. No. 220	Sarasota, FL 34231

400002440924-1
-02/25/98-01096-005
****900.00 ****900.00

8. Name and Address of Current Registered Agent

Robert E. Messick, Esq.
Icard, Merrill, et al.
2033 Main Street, Suite 600
Sarasota, FL 34237

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

CR2E040 (12/96)

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]

REGISTERED AGENT MUST SIGN

Date February 20, 1998

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/98

Date

(941) 924-3271

Daytime Phone #