

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2011 JUL 28 PM 3:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT 09-11

CR2E081 (11/10)

DOCUMENT # P01000080686

1. Corporation Name

Granada International Property Holdings, Inc.

2. Principal Office Address - No P.O. Box #

18911 Collins Ave

Suite, Apt #, etc

3102

City & State

Sunny Isles Beach, FL

Zip

33160

Country

US

3. Mailing Office Address

18911 Collins Ave

Suite, Apt #, etc.

3102

City & State

Sunny Isles Beach, FL

Zip

33160

Country

US

4. Date Incorporated or Qualified

To Do Business in Florida 08/16/2001

5. FEI Number

80-0874298

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

Viteri Financial Corporation

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

6721 SW 69 TR

Suite, Apt. # Etc.

City

MIAMI

State

FL

Zip Code

33143

600210492386
07/28/11-01033-001 **1050.00

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

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date 07/16/2011

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
PD	LUISA F ARANA	18911 COLLINS AVE SUITE 3102	SUNNY ISLES BEACH, FL 33160
VPD	BEATRIZ SERRATO DE ARANA	18911 COLLINS AVE SUITE 3102	SUNNY ISLES BEACH, FL 33160
<i>No other officers</i>			
<i>4/7/28</i>			

10. E-mail Address: LUISAFERNANDAARANA@HOTMAIL.COM

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/16/2011

3055428376

Date

Daytime Phone #