

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2007 APR -9 AM 10:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

300098047633  
04/24/07--01004--022 \*\*300.00

CR2E081 (1/07)

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P05000089350

1. Corporation Name

**Gram Insurance Corporation**

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

12401 W. Okeechobee Rd.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

465

Suite, Apt. #, etc.

City & State

Hialeah Gardens, Florida

City & State

Zip

33018

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

20-3067919

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

Argelia M. Rodriguez

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

12401 W. Okeechobee Rd.

Suite, Apt. #, Etc.

465

City

Hialeah Gardens

State

FL

Zip Code

33018

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

*Argelia Rodriguez*

REGISTERED AGENT MUST SIGN

Date *March 31, 2007*

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	Argelia M. Rodriguez	12401 W. Okeechobee Rd., #465	Hialeah Gardens, FL 33018
VPD	Alejandro Rodriguez	12401 W. Okeechobee Rd., #465	Hialeah Gardens, FL 33018

**REINSTATEMENT** *06-07*

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 contained in Chapter 119, 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:

*Argelia Rodriguez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*March 31, 2007*

Date

*305-825-8376*

Daytime Phone #