

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 OCT 25 PM 2: 24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000025168

1. Corporation Name

GRID, INC.

Principal Place of Business

Mailing Address

1533 MANTUA AVENUE
CORAL GABLES FL 33146

1533 MANTUA AVENUE
CORAL GABLES FL 33146

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



REINSTATEMENT 99

4. Date Incorporated or Qualified To Do Business in Florida

03/21/1996

SP

5. FEI Number

65-0656599

Applied For

Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	CASARES, INGRID	1533 MANTUA AVE.	CORAL GABLES FL 33146

000003032660--7
-11/02/99--01077--004
***750.00 ***750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CASARES, INGRID
% 4135 LAGUNA STREET
SUITE C
CORAL GABLES FL 33146

Name: Casares Ingrid
Street Address (P.O. Box Number is Not Acceptable): 1533 Mantua Ave
Suite, Apt. #, Etc.: Coral Gables, Fla.
City: Coral Gables, Fla.

State: FL Zip Code: 33146

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

Ingrid Casares REGISTERED AGENT MUST SIGN

Date: 10/21/99

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., 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:

Ingrid Casares REGISTERED AGENT MUST SIGN

Date: 10/21/99

Daytime Phone #: 3055329174

CR20040 (9/99)