

**2021 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N20000013785

**Entity Name:** GRANRIVYE LAKAY SE LAKAY INC

**Current Principal Place of Business:**

3620 EVANS AVE  
FORT MYERS, FL 33901

**Current Mailing Address:**

699 OCEAN AVE APT5 B  
BROOKLYN, NY 11226 US

**FEI Number: 85-4359358**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

ALCINA, GERALD  
699 OCEAN AVE  
5 B  
BROOKLYN NY, FL 11226 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** ALCINA GERALD

09/28/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name ALCINA, GERALD  
Address 699 OCEAN AVE APT 5 B  
City-State-Zip: BROOKLYN NY 11226

Title EXECUTIVE SECRETARY  
Name LAMY, NARAYANA SR.  
Address VILLAGE ZAO AVE  
TABARRE 11A  
City-State-Zip: PORT AU PRINCE WI

Title ADVISER 1  
Name JEAN BAPTISTE , SURLYN  
Address 54 HAGGIS RD  
City-State-Zip: MIDDLETOWN DE 19709

Title OFFICER  
Name FANOR, YVE  
Address 2161 FRANKLYN STREET  
City-State-Zip: FORT MYERS FL 33901

Title VP  
Name JEAN BAPTISTE, SOLYN  
Address 956 E 80  
City-State-Zip: BROOKLYN NY 11236

Title OFFI  
Name JACQUES, CERES MAXIMIN  
Address 3620 EVANS AVE  
City-State-Zip: FORT MYERS FL 33901

Title OFFI  
Name EXAVIER, JULIE  
Address 3763 NW 4 AVE  
City-State-Zip: BOCA RATON FL 33431

Title OFFICER  
Name DAMUS, GERALD  
Address 699 OCEAN AVE  
5B  
City-State-Zip: BROOKLYN NY 11226

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*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** GERALD ALCINA

MR

09/28/2021

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title OFFICER  
Name JACQUES, VEDWINE  
Address 699 OCEAN AVE  
5B  
City-State-Zip: BROOKLYN NY 11226