

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

05 JAN -4 PM 11:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 04



11012004 REIN-NP

CR2E099 (6/04)

MRS

4. FEI Number
59-1953127

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GRIZZELL, ANTONIO
11900 S W 182 TERRACE
MIAMI, FL 33177

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$236.25
After January 1, 2005, Fee will be \$297.50

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	GRIZZELL, ANTONIO	
STREET ADDRESS	11900 S W 182ND TERRACE	
CITY - ST - ZIP	MIAMI, FL	
TITLE	VCD	<input type="checkbox"/> Delete
NAME	GRIZZELL, RAQUEL	
STREET ADDRESS	11900 S W 182ND TERRACE	
CITY - ST - ZIP	MIAMI, FL	
TITLE	M	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, WILLIAM	
STREET ADDRESS	11900 SW 182 TERRACE	
CITY - ST - ZIP	MIAMI, FL 33177	
TITLE	ST	<input type="checkbox"/> Delete
NAME	CARMEN, CARMEN	
STREET ADDRESS	11900 S W 182ND TERRACE	
CITY - ST - ZIP	MIAMI, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	300043952883	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	01/04/05--01043--017 **245.00	
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARMEN GOMEZ	
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Antonio Grizzell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12 30 2004

Date

Daytime Phone #