

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# K73619

Entity Name: GRAJAMPITH'S, INC.

FILED  
Nov 06, 2007  
Secretary of State

## Current Principal Place of Business:

19201 COLLINS AVENUE CU # 133B  
SUNNY ISLES BEACH, FL 33160

## New Principal Place of Business:

## Current Mailing Address:

19201 COLLINS AVENUE CU # 133B  
SUNNY ISLES BEACH, FL 33160

## New Mailing Address:

P.O. BOX 813238  
HOLLYWOOD, FL 33021

FEI Number: 65-0107067

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SALAMONE, GIACOMO  
3640 YATCH CLUB DRIVE #407  
AVENTURA, FL 33180 US

## Name and Address of New Registered Agent:

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: ALESSANDRO SALAMONE

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: SALAMONE, GIACOMO  
Address: 19201 COLLINS AVENUE CU # 133B  
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: VP ( ) Delete  
Name: SALAMONE, ROBERTO  
Address: 19201 COLLINS AVENUE CU # 133B  
City-St-Zip: SUNNY ISLES BEACH, FL 33020

Title: VP ( ) Delete  
Name: SALAMONE, ALESSANDRO  
Address: 19201 COLLINS AVENUE CU # 133B  
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: ST ( ) Delete  
Name: GRAZIA, REITANO  
Address: 19201 COLLINS AVENUE CU # 133B  
City-St-Zip: SUNNY ISLES BEACH, FL 33160

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALESSANDRO SALAMONE

VP

11/06/2007

Electronic Signature of Signing Officer or Director

Date