PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 JAN 15 AM 8:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/07)

DOCUMENT # L02000006394

1. Limited Liability Company's Name

GRINBA, LLC
201 ALHAMBRA CIRCLE, #501
CORAL GABLES, FL. 33134 US

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
		201 ALHAMBRA CIRCLE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
		#501	
City & State		City & State	
		CORAL GABLES, FL.	
Zip	Country	Zip	Country
		33134	US.

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 3/19/2002

6. FEI Number: 73-3045332 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: RAIMUNDO LEVI

Street Address (P.O. Box Number is Not Acceptable): 201 ALHAMBRA CIRCLE

Suite, Apt. #, Etc.: 501

City: CORAL GABLES State: FL Zip Code: 33134

☒ A $100 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 $100 reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent _____ Date 11/12/07

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	EVA SIEGEL	201 ALHAMBRA CIRCLE STE 501 CORAL GABLES, FL.	33134
MGR	REINA HIRRCHEN	201 ALHAMBRA CIRCLE, STE 501	CORAL GABLES FL 33134

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REINSTATEMENT 2005-2008

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager _____ Date 11/9/07 Daytime Phone # (305) 774-2545

Typed or printed name of signing Managing Member/Manager _____