PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

9/7/21 | 01027 015

400375443644
10/22/21--01002--013 **90.00

400375443644
10/21/21--01026--002 **90.00

DOCUMENT # L19000221711

1. Limited Liability Company's Name

GRUPOGRECA LLC

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
18975 COLLINS AVE		18975 COLLINS AVE	
Suite, Apt. #, etc		Suite Apt. #, etc	
UNIT 3404		UNIT 3404	
City & State		City & State	
SUNNY ISLES BEACH, FL		SUNNY ISLES BEACH, FL	
Zip	Country	Zip	Country
33160	USA	33160	USA

CR2E041 (1/14)

4. State/Country of Formation
FL/USA

5. Date Organized or Qualified To Do Business in Florida 09/10/2019

6. FEI Number
61-1958188
☐ Applied For
☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ **$5.00 Additional Fee required for a certificate of status**

FILED
2021 SEP -7 PM 5:12

8. **Name and Address of Current Registered Agent**

Name
ROSARIO ARNAUD DE LA TORRE

Street Address (P.O. Box Number is Not Acceptable) Suite
18975 COLLINS AVE

Apt. # Etc
UNIT 3404

City	State	Zip Code
SUNNY ISLES BEACH	FL	33160

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent R mio amd Date OCT. 11. 2021

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	ROSARIO ARNAUD DE LA TORRE	18975 COLLINS AVE UNIT 3404	SUNNY ISLES BEACH,FL 33160

11. E-mail Address RARNAUD@FRETTE.COM.MX

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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; I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member R mio amd Date Oct. 11. 21 Daytime Phone # 201.889.5661

Typed or printed name of signing authorized representative/member