

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 OCT 29 PM 3:32

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *N04000006211*

1. Corporation Name

Grand Jete' aluc

W07000029448

2. Principal Office Address - No P.O. Box #

450 N.W. 214 St #202

3. Mailing Office Address

Suite, Apt. #, etc.

202

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Zip

33169

Country

U.S

Zip

Country

REINSTATEMENT *05-07*
CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

June 22, 2004

5. FEI Number

20-1276024

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Tiffany Blake

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

450 N.W. 214 St #202

Suite, Apt. #, Etc.

#202

City

Miami

State

FL

Zip Code

33169

☐ The 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 reinstatement
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Tiffany Blake

REGISTERED AGENT MUST SIGN

Date *6/4/07*

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	<i>Tiffany Blake</i>	<i>450 N.W. 214 St #202</i>	<i>Miami, FL 33169</i>
V/D	<i>Marian Johnson</i>	<i>1230 S.W. 87th way</i>	<i>Miramar, FL 33025</i>

200112047632
*11/06/07--01053--008 **183.75*

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. 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:

Tiffany Blake

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/24/07 305-519 8627

Date

Daytime Phone #

October 24, 2007

To whom this letter may concern,

In January 2005 my property was destroyed by fire and I did not receive any notices. This has caused my non-profit corporation to be dissolved. I would like for you to take these circumstances into consideration. Attached is my fire report from the incident, my reinstatement form as well as 183.75 for the years of revocation.

Sincerely,

Tiffany Blake