

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

07 MAY 09 AM 11:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 00-07

DOCUMENT # N05000004295			
1. Entity Name THE GRENADIAN-AMERICAN EDUCATIONAL & CULTURAL ORGANIZATION, INC.			
Principal Place of Business 21140 LADY MARION WAY ROYAL HIGHLAND LEESBURG, FL 34748		Mailing Address 21140 LADY MARION WAY ROYAL HIGHLAND LEESBURG, FL 34748	
2. Principal Place of Business - No P.O. Box # 4549 SETTLEMENT CIRCLE		3. Mailing Address P.O. BOX 683245	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State ORLANDO, FL		City & State ORLANDO, FL	
Zip 32818	Country U.S.A	Zip 32868-3245	Country
4. FEI Number 59-3808453		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent THOMAS, WILFRED 21140 LADY MARION WAY ROYAL HIGHLAND LEESBURG, FL 34748		7. Name and Address of New Registered Agent Name: GEORGE COMMISSIONG Street Address (P.O. Box Number is Not Acceptable) 4549 SETTLEMENT CIRCLE City: ORLANDO FL Zip Code: 32818	
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: <i>George Commissiong</i>		DATE: 5/2/07	
Signature, typed or printed name of registered agent and date if applicable.		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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		700103289157 05/25/07-01025-010 **122.50	
		K. Eckel MAY 16 2007	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>George Commissiong</i>		DATE: 5/2/07	
Signature and typed or printed name of signing officer or director		Date	