

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2017 APR 21 AM 7:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N06000000016

1. Corporation Name

GRANADA GRAND CONDOMINIUM ASSOCIATION, INC.

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

5271 SW 8 STREET

Suite, Apt. #, etc.

3. Mailing Office Address

5271 SW 8 STREET

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33134

Country

US

Zip

33134

Country

US

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

01/01/2006

5. FEI Number

20-4539620

☐ 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

Investors' Law Group, LLC

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

6100 Blue Lagoon Drive

Suite, Apt. #, Etc.

430

City

Miami

State

FL

Zip Code

33126

800298556758
04/27/17--01032--030 **236.25

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

Date **02/27/17**

REGISTERED AGENT MUST SIGN

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
DP	MASCIO, LINA	5271 SW 8 STREET	MIAMI, FL 33134
DVP	BITRAGO, TULIA	5271 SW 8 STREET	MIAMI, FL 33134
DT	YUDICE, GEORGE	5271 SW 8 STREET	MIAMI, FL 33134
DS	DE ARMAS, LUZ	5271 SW 8 STREET	MIAMI, FL 33134
D	CASTILLO, ERIDANIA	5271 SW 8 STREET	MIAMI, FL 33134

10. E-mail Address: **service@investors-law.com**

(To be used for future annual report notification)

MAY 01 2017

11. 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., and that all fees owed by the corporation have been paid. I further certify, 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:

[Signature]

Lina Mascio

02/27/17

305-860-0444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #