PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 FEB 24 PM 12:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000005783

300029256983
02/23/04--01074--024 **122.50

REINSTATEMENT 03-04

1. Corporation Name
FONDASYON GRANN LISON, INC.

2. Principal Office Address	**3.** Mailing Office Address
P.O. BOX 552417	P.O. BOX 552417
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Opa Locka Fla	City & State: Opa Locka Fla
Zip: 33055 Country: Dade	Zip: 33055 Country: Dade

4. Date Incorporated or Qualified To Do Business in Florida 1998

5. FEI Number 65-0874989 ☐ 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: WALNEX Philord
Street Address (P.O. Box Number is Not Acceptable): 12100 NE Miami pl
Suite, Apt. #, Etc.:
City: N. Miami State: FL Zip Code: 33161

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 2/2/04
REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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	Louis Philor	614 B Covenant Dr	Belle Glade Fla 33430
~~SM~~	~~Guerine Charles~~	~~2425 NE~~	
T	WALNEX PHILORD	12100 NE Miami pl	N. Miami Fla 33161
S	Guerine Charles	701 NE 153st	Miami Fla 33166

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 under section 119.07(3)(i), 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: _____ WALNEX PHILORD 2/2/04 7862860922
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Division of Corporations

We recently filed for reinstatment in 2003, that request was return for not having a current Registered Agent to the wrong address, the State has that request filing fees please Credit this reinstatement request

2/11/04