

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 FEB 24 PM 12:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000005783

1. Corporation Name

FONDASYON GRANW LISON, INC.

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

2. Principal Office Address

P.O. BOX 552417

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. BOX 552417

Suite, Apt. #, etc.

City & State

Opa Locka Fla

Zip Country

33055 Dade

City & State

Opa Locka Fla

Zip Country

33055 Dade

REINSTATEMENT 03-04

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 2/2/04

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	<u>Lou's Philor</u>	<u>614 B Covenant Dr</u>	<u>Belle Glade Fla 33430</u>
S	<u>Guerine Charles</u>	<u>2425 NE</u>	
T	<u>WALNEX PHILOD</u>	<u>12100 NE Miami PL</u>	<u>N. Miami FL 33161</u>
S	<u>Guerine Charles</u>	<u>701 NE 153st</u>	<u>Miami Fla 33166</u>

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 PHILOD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

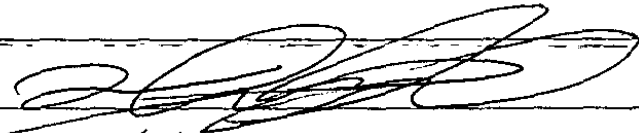
2/2/04
Date

7862860922
Daytime Phone #

CR2E081 (10/02)

Division of Corporations

We recently filed for reinstatement
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