

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC 31 AM 10:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800009756258
12/31/02--01014--010 **237.00



DOCUMENT # N99000006609

1. Corporation Name

GRUBSTAKE RESOURCES FOR RECOVERY, INC.

Principal Place of Business

2401 N MIAMI AVE
MIAMI FL 33127

Mailing Address

2401 N MIAMI AVE
MIAMI FL 33127

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/08/1999

5. FEI Number

65-0954413

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DP	KLINDER, HEATHER A	3509 N.E. SECOND AVE.	MIAMI FL 33137
D	SIMONE, ANA DR	7600 RED ROAD	MIAMI FL 33136
DS	DUNN, LIZ	317 24TH STREET	MIAMI FL 33137
DT	MARSHALL, KELLY	820 THIRD STREET	MIAMI BEACH FL 33139

8. Name and Address of Current Registered Agent

KLINDER, HEATHER
820 THIRD STREET
MIAMI BEACH FL 33139

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Heather A. Klinder
REGISTERED AGENT MUST SIGN

Date

Dec 29, 2002

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., 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:

Heather A. Klinder
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/20/2002 573-2976
(305)

CR2E040 (8/02)