

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

RECEIVED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 JUL 28 AM 10:50

DOCUMENT # P00000034851

1. Corporation Name

GRANDEUR INVESTMENTS CORP.

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

1183 W 29 STREET

3. Mailing Office Address

1183 W 29 STREET

Suite, Apt. #, etc.

STE: D

Suite, Apt. #, etc.

STE: D

City & State

HIALEAH, FL

City & State

HIALEAH, FL

Zip

33012

Country

Zip

33012

Country

CR2E081 (6/10)

4. Date Incorporated or Qualified
To Do Business in Florida

04/03/2000

5. FEI Number
65-1126003

☐ 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

MARIO A. SANTANA

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

1183 W 29 STREET

Suite, Apt. #, Etc.

STE: D

City

HIALEAH

State

FL

Zip Code

33012

800183785498
07/29/10--01005--017 **900.00

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

REGISTERED AGENT MUST SIGN

Date

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/S/T	ALBERTO AJETE 90%	1183 W 29 STREET STE: D	HIALEAH, FL33012
VP	MARIO A. SANTANA 10%	1183 W 29 STREET STE: D	HIALEAH, FL33012

REINSTATEMENT

07/29/10
09-10

10. E-mail Address:

(To be used for future annual report notification)

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. 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #