

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

APPROVED AND FILED

02 MAR 25 PM 3:44

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **P00000059842**

1. Corporation Name  
**GRITA, CORPORATION**

Principal Place of Business 807 SW 25 AVENUE, SUITE 202-B MIAMI FL 33135	Mailing Address 807 SW 25 AVENUE, SUITE 202-B MIAMI FL 33135
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**REINSTATEMENT** 2001-2002

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

Date Incorporated or Qualified To Do Business in Florida 06/20/2000	
5. FEI Number 65-1031089	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$3.75 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	TIRADOR, SASHA	1102 NW 43 AVENUE, SUITE 2-H	MIAMI FL 33126
			200005281972--7 -04/16/02--01035--003 ****308.75 ****308.75
			200005281972--7 -04/16/02--01035--004 ****600.00 ****600.00

8. Name and Address of Current Registered Agent  
**TIRADOR, SASHA**  
 1102 N.W. 43 AVENUE, SUITE 2-H  
 MIAMI FL 33126

9. Name and Address of New Registered Agent

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State <b>FL</b>	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.

Signature of Registered Agent *Sasha Tirador* Date 3-21-02  
 REGISTERED AGENT MUST SIGN

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: *Sasha Tirador* Date 3-21-02 Daytime Phone # (305) 804-6236  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (8/01)