PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS			FILED 04 NOV 12 AN IO: 39							
1. Corpora	ation Name		1000001487					· .	SECR: TALLA	ETARY C HASSEE	⊞ STÁ , FLOR	TE IDA		
GRAND	ENTER	rainm	ENT GROUP	P, INC.		•	Ï		,					
	•					•		th						
· · · · · · · · · · · · · · · · · · ·					3. Mailing Office Address			TOC 12		ater	ala		\^ (<u> </u>
	orth Baysh	ore Di	rive ·	1717 North Bayshore Drive				REIN	191	MUE!	88 7 0/	ير ال	ひご	ير
Suite, Apt. #				Suite, Apt. #, etc.				4. Date incorp	norsted or	Qualified				Ť
Suite 3050 City & State				City & State						^{orida} Janua	ary 4, 20	001		ı
Miami, FL				Miami, FL				5. FEI Number Applied 651069768 Not Applied					ied For Applicable	3
^{Zip} 33132		Country U.S.A		^{Zip} 33132		U.S.A.		6. CERTIFICATE	OF STATU	IS DESIRED 🔽		dditional F Certificate		
				7.	d Agent					-				
	Name Cristian W. Bedoya													
	Street Address (P.O. Box Number is Not Acceptable) 1717 North Bayshore B rive								·					
•	Suite, Apt. #, Etc. Suite 3050							-						
!	City Miami								State FL	Zip Code 33132			-	
8. I, being Signature of Registered	f ,	registere	agent of the abo	ove named com			accept the ob	ligations of section		9 / 1 / (9/F.S. H		- · · · · ·	CR2E081 (01/04)
9. Names	and Street Ad	dresses	of Each Officer an	d/or Director (F	lorida nonpro	ofit corporations π	ust list at lea	st 3 directors)						1
Titles	Name of Officers and/or Directors				Street Address of Each Officer and/or Director				City / State / Zip					
PD -	Cristian W. Bedoya			,	1717 North Bayshore Drie			e, Ste 3050 Miami, FL 331			2			1
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									11/12/0401056015 **908.75					
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this rein	nstatement app y the corporati application is t	olication, on have I	director or the rece the reason for diss been paid and the accurate, and my	olution has been names of indiv	en eliminated iduals listed d nave the same	, the corporate na on this form do no	me satisfies t t qualify for at made under	the requirements in exemption under	of section	607.0401 or (617.0401, F F.S. The Info	S., that a prmation in	II fees adicated	
SIGNAI	.une: =	11	1-1-			سرس ر	<u> </u>	/		$\underline{\hspace{1cm}}$				1