

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

05 MAR 23 PM 1:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000036394

1. Corporation Name GRAND BEACH CORP.

2. Principal Office Address

325 E. Blue Heron Blvd

Suite, Apt. #, etc.

City & State

Riviera Beach - FL

Zip

33404

Country

USA

3. Mailing Office Address

325 E. Blue Heron Blvd

Suite, Apt. #, etc.

City & State

Riviera Beach - FL

Zip

33404

Country

USA

REINSTATEMENT

03-05

MRS

4. Date Incorporated or Qualified
To Do Business in Florida

04-10-2001

5. FEI Number

651094471

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

BARTUCCI, EDUARDO FABIO

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

325 E. BLUE HERON BLVD.

Suite, Apt. #, Etc.

City

RIVIERA BEACH

State
FL

Zip Code

33404

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

03/21/05

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	EDUARDO FABIO Bartucci	325 E. BLUE HERON BLVD.	RIVIERA BEACH FL 33404

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BARTUCCI FABIO

Date

03/21/05

Daytime Phone #

561-818-2101

CR2E081 (01/05)