

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

02 NOV 22 AM 11:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

DO/0000 53501  
GREG HOMES I, INC.

2. Principal Office Address

8500 S.W. 8TH STREET

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

#228

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

Zip

Country

33144

USA

Zip

Country

REINSTATEMENT

02

400009351774

12/04/02--01053--018 \*\*750.00

4. Date Incorporated or Qualified  
To Do Business in Florida

5/30/01

5. FEI Number

05-1108044

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

LAW OFFICES OF MACHADO AND HERRAN, P.A.

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

8500 S.W. 8TH STREET, MIAMI, FLORIDA

Suite, Apt. #, Etc.

#228

City

MIAMI

State  
FL

Zip Code

33144

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

*[Signature]*

Date

11/21/02

REGISTERED AGENT MUST SIGN

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,T	AGUSTIN HERRAN	8500 S.W. 8TH ST, #228	MIAMI, FL 33144
VP,S	EMILIANO HERRAN	8500 S.W. 8TH ST, #228	MIAMI, FL 33144

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]* EMILIANO HERRAN

Date

11/21/02

Daytime Phone #

305-262-6553

CR2E081 (9/01)