

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 SEP 16 PM 1:03

DOCUMENT # **PO1000081154**

1. Corporation Name

Groovy Bayzzz Enterprises, Inc.

500135851415
09/15/08--01046--009 **608.75

CR2E081 (12/07)

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

3600 S. State Rd 7 (441)

Suite, Apt. #, etc.

304

City & State

Miramar, FL

Zip

33023

Country

USA

3. Mailing Office Address

3600 S. State Rd 7 (441)

Suite, Apt. #, etc.

304

City & State

Miramar, FL

Zip

33023

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

08/17/2001

5. FEI Number

651133401

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

Spiegel Yutera

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

1840 SW 22 St

Suite, Apt. #, Etc.

4th Floor

City

Miami

State

FL

Zip Code

33145

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Spiegel Yutera

REGISTERED AGENT MUST SIGN

Date **9/9/08**

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
C/D	Fritzner Charles	3600 S. State Rd 7 (441)	Miramar, FL, 33023
V	Bens St Louis	3600 S. State Rd 7 (441)	Miramar FL 33023
S/T	Daniel Coicou	3600 S. State Rd 7 (441)	Miramar FL 33023

REINSTATEMENT

OS-08 B

9/16/08

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 contained in Chapter 119, 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:

Fritzner Charles Fritzner Charles

Date

09-09-08 (305) 886-4163

Daytime Phone #

Joel Francois

Joel Francois 09-09-08 (786) 380-2677