

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

03 MAR 18 AM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000082292

1. Corporation Name

GRUENGLAS, INC.

Principal Place of Business

3355 JAYWOOD TERRACE, #J211
BOCA RATON FL 33431

Mailing Address

3355 JAYWOOD TERRACE, #J211
BOCA RATON FL 33431

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.

134 via d'este apt 709
Delray Beach, FL

Suite, Apt. #, etc.

134 via d'este apt 709
Delray Beach, FL, 33445

City & State

City & State

Zip

Country

33445

U.S.A.

Zip

Country

33445

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

08/20/2001

5. FEI Number

651135264

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 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
PD	GRUENGLAS, BENJAMIN B	3355 JAYWOOD TERRACE, #J211 134 via d'este Apt 709	BOCA RATON FL 33431 Delray Beach, FL, 33445

200014316402
03/18/03 01030-032 ***308.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GRUENGLAS, BENJAMIN B

3355 JAYWOOD TERRACE, #J211

BOCA RATON FL 33431

Name

Gruenglas, Benjamin B

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

134 via d'este Apt

Suite, Apt. #, Etc.

Apt 709

City

Delray Beach

State

FL

Zip Code

33445

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. or 617.0505, F.S.

Signature of
Registered Agent

~~SIGNATURE REQUIRED~~

REGISTERED AGENT MUST SIGN

Date

3/1/03

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:

~~SIGNATURE REQUIRED~~

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/03

Date

(561) 703-2009

Daytime Phone #

CR2E040 (8/02)