


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS
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7/11/03 90056 038 \$150.00  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000061304

1. Corporation Name  
Gresclay, Inc

REINSTATEMENT 03-05  
CR2E081 (8/05)

2. Principal Office Address 15055 sw 9 Ln Suite, Apt. #, etc.		3. Mailing Office Address 15055 sw 9 Ln Suite, Apt. #, etc.	
City & State Miami, FI		City & State Miami, FI	
Zip 33194	Country USA	Zip 33194	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 6/3/02	
5. FEI Number 52-2367261	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name Reinaldo Araujo	
Street Address (P.O. Box Number is Not Acceptable) 15055 sw 9 Ln	
Suite, Apt. #, Etc.	
City Miami	State FL
Zip Code 33194	

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 11/10/05

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
D	Reinaldo Araujo	15055 sw 9 Ln	Miami, FI 33194
D	Ricardo Atencio	15055 sw 9 Ln	Miami, FI 33194
D	Martyna Baginska	15055 sw 9 Ln	Miami, FI 33194
			500061435775 11/15/05--01028--008 **500.00
			500061435775 11/15/05--01028--009 **400.00
			500061435775 11/15/05--01028--010 **400.00

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

Date

Daytime Phone #

Reinaldo Araujo

11/10/05 (305)220-5740