

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 DEC 29 PM 4:51

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000065325

1. Corporation Name

GRAYVILLE CORPORATION

600164031356
12/29/09--01033--011 **1058.75

REINSTATEMENT
CR2E081 (11/09)

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

130 MINORCA AVE

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

CORAL GABLES FL

City & State

Zip

Country

33134 U.S.A.

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/12/2002

5. FEI Number

81-0559155

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

JOSE E SMITH

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

132 MINORCA AVENUE

Suite, Apt. #, Etc.

City

CORAL GABLES

State

Zip Code

FL 33134

☒ 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 807.0505 or 817.0503, F.S.

Signature of
Registered Agent

[Signature]

Date **12/23/09**

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	MAURICIO A. OLIVERA	MAILING ADDRESS 130 MINORCA AVE CORAL GABLES, FL 33134	

10. E-mail Address:

papadukes1014@aol.com

(To be used for future annual report notification)

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 807 or 817, 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 807.0401 or 817.0401, F.S., that all fees owed by the corporation have been paid. I further certify, 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAURICIO A. OLIVERA

Date

21/12/09 3054411012

Daytime Phone #