

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

103

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 AUG 30 AM 8:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000119157

1. Corporation Name

GROWING UP HERE, INC.

2. Principal Office Address

7801 NW 37 Street

3. Mailing Office Address

7801 NW 37 Street

EPS #X-17406

EPS #X-17406

City & State

Miami, Florida

City & State

Miami, Florida

Zip 33106-6559

Country

USA

Zip

33106-6559

Country

USA

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

11/06/02

5. FEI Number

APPLIED FOR

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03-04

7. Name and Address of Current Registered Agent

Name

PAUL A. MANZAUETA CELADO

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

7801 NW 37 Street

Suite, Apt. #, Etc.

EPS #X-17406

City

Miami

State

FL

Zip Code

33016-6559

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

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	PAUL A. MANZAUETA CELADO	7801 NW 37th Street	Miami, FL 33106

400040648184
08/30/04--01095--002 **300.00

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)(l), 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

8/27/04

Date

Daytime Phone #

CR2E081 (01/04)

Form **SS-4**(Rev. December 2001)
Department of the Treasury
Internal Revenue Service**Application for Employer Identification Number**(For use by employers, corporations, partnerships, trusts, estates, churches,
government agencies, Indian tribal entities, certain individuals, and others.)

• See separate instructions for each line. • Keep a copy for your records.

EIN

OMB No. 1545-0003

Type or print clearly.	1 Legal name of entity (or individual) for whom the EIN is being requested GROWING UP HERE, INC.				
	2 Trade name of business (if different from name on line 1)		3 Executor, trustee, "care of" name		
	4a Mailing address (room, apt., suite no. and street, or P.O. Box) 7801 NW 37 STREET EPS #X-17406		5a Street address (if different) (Do not enter a P.O. box.)		
	4b City, state and ZIP code MIAMI, FL 33106-6559		5b City, state, and ZIP code		
	6 County and state where principal business is located DADE FLORIDA				
	7a Name of principal officer, general partner, grantor, owner, or trustor PAUL ANTONIO MANZUETA CELADO		7b SSN, ITIN, or EIN FOREIGN INDIVIDUAL		
8a Type of entity (check only one box) <input type="checkbox"/> Sole proprietor (SSN) _____ <input type="checkbox"/> Partnership _____ <input checked="" type="checkbox"/> Corporation (enter form number to be filed) • 1120 <input type="checkbox"/> Personal service corp. _____ <input type="checkbox"/> Church or church-controlled organization _____ <input type="checkbox"/> Other nonprofit organization (specify) • _____ <input type="checkbox"/> Other (specify) • _____			<input type="checkbox"/> Estate (SSN of decedent) _____ <input type="checkbox"/> Plan administrator (SSN) _____ <input type="checkbox"/> Trust (SSN of grantor) _____ <input type="checkbox"/> National Guard <input type="checkbox"/> State/local government <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military <input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises Group Exemption Number (GEN) • _____		
8b If a corporation, name the state or foreign country (if applicable) where incorporated		State FLORIDA	Foreign country		
9 Reason for applying (check only one box) <input checked="" type="checkbox"/> Started new business (specify type) • IMPORT <input type="checkbox"/> Hired employees (Check the box and see line 12.) <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Other (specify) • _____			<input type="checkbox"/> Banking purpose (specify purpose) • _____ <input type="checkbox"/> Changed type of organization (specify new type) • _____ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) • _____ <input type="checkbox"/> Created a pension plan (specify type) • _____		
10 Date business started or acquired (month, day, year) 1/16/04			11 Closing month of accounting year DECEMBER		
12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) _____					
13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have employees during the period, enter "0-".			Agricultural 0	Household 0	Other 0
14 Check one box that best describes the principal activity of your business. <input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale - agent/broker <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input checked="" type="checkbox"/> Other (specify) IMPORT			<input type="checkbox"/> Wholesale - other <input type="checkbox"/> Retail		
15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided. IMPORT					
16a Has the applicant ever applied for an employer identification number for this or any other business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Note: If "yes," please complete lines 16b and 16c.					
16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above. Legal name • _____ Trade name • _____					
16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known. Approximate date when filed (mo., day, year) _____ City and state where filed _____ Previous EIN _____					
Third Party Designee	Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.				
	Designee's name GRIZEL GIL			Designee's telephone number (include area code) 305-441-1012	
	Address and ZIP code 132 MINORCA AVENUE CORAL GABLES, FL 33134			Designee's fax number (include area code) 305-442-1138	

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (Type or print clearly) •

Signature •

Date •

Applicant's telephone number (include area code)

305-742-8928

Applicant's fax number (include area code)

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Form **SS-4** (Rev. 12-2001)

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GROWING UP HERE, INC.

7801 NW 37TH Street
Miami, FL 33106-6559

August 27, 2004

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, Florida 32314

Re: Growing Up Here, Inc.
Document # P02000119157

Dear Representative:

Enclosed please find a Corporate Reinstatement application for Growing Up Here, Inc. We have also enclosed a check in the amount of \$300.00 to cover the filing fee for the 2003 and 2004 Uniform Business Report. We respectfully request the waiver of Reinstatement fee due to the fact that the original Business Reports were never received.

Please note that in order to insure delivery of any correspondence addressed to Growing Up Here, Inc. the mailing address should read as follows:

7801 NW 37th Street
EPS #X-17406
Miami, Florida 33106-6559

A Federal Employer Identification number has been requested from the Internal Revenue Service. For your files we have attached a copy Form SS-4 "Application for Employer Identification Number" for Growing Up Here, Inc. As soon as we receive a response to our request for an FEIN we will forward this information to your office.

If you have any questions or require additional information regarding this matter, please do not hesitate to contact Mr. Antonio E. Gomez at 305-441-1012. ext. 227.

Sincerely,



Antonio E. Gomez