PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

192

\$8.75 Additional Fee required for a Certificate of Status

CORPORATION	
REINSTATEMENT	•



FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

DOULDMENT # FUSUUUU4570;	DOCUMENT #	P0300004576	35
--------------------------	------------	-------------	----

1. Corporation Name

Suite, Apt. #, etc.

^{Zip} 33125

GREDA CORPORATION

Country

2. Principal Office Address
55 NW 35 AVENUE

City & State MIAMI, FLORIDA

		REINSTATEMENT			
3. Mailing Office Address NW 35 A	VENUE	04-07 4 CP2E081 (12/05)			
Suite, Apt. #, etc.		, 9			
		4. Date Incorporated or Qualified To Do Business in Florida 04/24/20()3		
City & State			_		
MIAMI, FLORIDA		5. FEI Number		Applied For	
<u> </u>		1		Not Applicable	
[™] 33125	ŰŜÃ			onal Fee requir	

07 FEB -8 AM 11: 15

SECRETARIA DE STATE TALLAHASSEE, FLORIDA

500088066195 02/13/07--01009--018 **600.00

	│ ÄÑTONIO JAVIER HERN	ANDEZ			ĺ
	55 NW 35 AVENUE				
	Suite, Apt. #, Etc.			•	
	MIAMI		State FL	<i>3</i> 3125	
8. I, being Signature of Registered			section 607.05	D5 or 617.0503, F.S. FEB 07, 2007	
9. Names	s and Street Addresses of Each Officer and/or Director (Flo	orida nonprofit corporations must list at least 3 director	ors)		
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director		City / State / Zip	
PD	ANTONIO JAVIER HERNANDEZ	55 NW 35 AVENUE	MIA	MI, FL 33125	

7. Name and Address of Current Registered Agent

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

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

on this application is true and accurate and my signature shall have the same legal effect as if made under oath.

FEB 07, 2007

Daytime Phone #

TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

And the second second second second

TO WHOM IT MAY CONCERN:

AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

BE ADVICE THAT I NEVER RECEIVED THE ANNUAL REPORT NOTICE SINCE THE YEAR OF 2004 FROM YOUR OFFICE TO PAY THE ANNUAL FEES FOR MY COMPANY. I'M ALSO SENDING THE \$150.00 FOR 2007. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS COMPANY IN ITS CURRENT STATUS AND WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME.

CORDIALLY YOURS,

ANTONIOJAVI**E**R HERNANDEZ

PRESIDENT