

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P030000067044**

1. Corporation Name

**The New Grio Express Restaurant, Inc**

2. Principal Office Address

**4308 N State rd 7**

Suite, Apt. #, etc.

3. Mailing Office Address

**4308 N State Rd 7**

Suite, Apt. #, etc.

City & State

**Ft Lauderdale, FL**

Zip

**33319**

Country

**USA**

City & State

**Ft Lauderdale, FL**

Zip

**33351**

Country

**USA**

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEEL Number

**52-2437511**

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

**Gustave, Suport**

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

**2371 NW 2nd St**

Suite, Apt. #, Etc.

City

**Boynton Beach**

State

**FL**

Zip Code

**33435**

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

**Suport Gustave**  
REGISTERED AGENT MUST SIGN

Date

**1/29/06**

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
PD	Gustave, Suport	2371 NW 2nd St	Boynton Beach, FL 33435
VPD	Gustave, Marie	2371 NW 2nd St	Boynton Beach, FL 33435

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

SIGNATURE:

**Suport Gustave**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**1/29/06**

Daytime Phone #

**954 731 8900**

FILED

06 FEB -3 PM 4:25

SECRET  
TALLAHASSEE, FLORIDA

**200066896142**  
03/01/06--01014--022 \*\*1000.00

**REINSTATEMENT**  
CR2E081 (12/05)

**04-06**

**200066896142**  
03/01/06--01014--023 \*\*500.00