1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JUN 15 AM 8:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000138898

200037946802
06/15/04--01004--003 **150.00

1. Corporation Name
Grownie International, Corp
6950 W. 14 Ct #24-C
Hialeah, Fla. 33014

2. Principal Office Address	**3.** Mailing Office Address
Same as above	1634 W. 74 St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Hialeah Fla
Zip / Country	Zip: 33014 / Country: U.S.A

4. Date Incorporated or Qualified To Do Business in Florida: 11-25-03

5. FEI Number: 54-2134154 ☐ 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: Miguel Barrios
Street Address (P.O. Box Number is Not Acceptable):
Suite, Apt. #, Etc.: 6950 W. 14 Ct #24-C
City: Hialeah | State: FL | Zip Code: 33014

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: X _____ Date: 6-11-04
REGISTERED AGENT MUST SIGN

CR2E081 (9/01)

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/S/T	Angel M. Rodriguez	1634 W. 74 St.	Hia. Fl. 33014
V/P	Miguel Barrios	6950 W. 14 Ct #24-C	Hia. Fl. 33014

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: X _____ 6-11-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

B

June 11, 2004

Re: Grounie Int'l Corp.
1634 N. 14 St.
Hia. Fl 33014
Doc# P03000138898

Dept of State
Division of Corporations
Tallahassee, Fla.

Gentleman: Find enclosed check for $ 00.00 for our filing Anual Report, I was advice, that the Corporation was adm Dissolved because the Anual Report and check was not sent, I am very sorry for this, because I did not receive any Communication at respect, and I was not aware of this situation, because this is our first time in busines, we have no knowledge of this obligation, plese waive our penalty for this time, and file our Corporation back. Thanks for your help in this petition.

Sincerely,

N. J.