

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2008 SEP -9 AM 11:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P05000112934

1. Corporation Name

GRANDEXOTIC, INC.

W08 - 40226

08/12/08 01014 024 \$360.00

REINSTATEMENT

CR2E081 (12/07)

2. Principal Office Address - No P.O. Box #
286 Ne 39th St

3. Mailing Office Address
286 Ne 39th St

Suite, Apt. #, etc.

City & State

Miami, FL

Zip Country

33137 USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number ☒ 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
PEREZ, REYNOL

Street Address (P.O. Box Number is Not Acceptable)
286 Ne 39th St

Suite, Apt. #, Etc.

City State Zip Code
miami FL 33137

☐ 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 607.0505 or 617.0503, F.S.

Signature of Registered Agent Reynol Perez
REGISTERED AGENT MUST SIGN

Date Aug 25 08

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	Reynol Perez	286 NE 39th St	miami, FL 33137
VP	Rene Martinez	286 NE 39th St	Miami, FL 33137

REINSTATEMENT

06-08

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: Reynol Perez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Aug 25 08 305-933-2546
Date Daytime Phone #