

# **2014 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P05000156576

Entity Name: CLOSE GRIP COMPANY

**FILED**  
**Oct 10, 2014**  
**Secretary of State**

**Current Principal Place of Business:**

20945 NE 37TH CT  
AVENTURA, FL 33180

**New Principal Place of Business:**

**Current Mailing Address:**

20945 NE 37TH CT  
AVENTURA, FL 33180

**New Mailing Address:**

FEI Number: 74-3153974

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

FLOYD, NORIKO M  
20945 NE 37TH CT  
AVENTURA, FL 33180 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: NORIKO FLOYD

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: FLOYD, NORIKO M  
Address: 20945 NE 37TH CT  
City-St-Zip: AVENTURA, FL 33180

Title: VPD  
Name: ROUSSO, MARK E  
Address: 18891 NE 29TH AVE, SUITE 900  
City-St-Zip: AVENTURA, FL 33180

Title: TRES  
Name: PANAGOS, HELEN  
Address: 20945 NE 37 TH CT  
City-St-Zip: AVENTURA, FL 33180

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: NORIKO FLOYD

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PD

10/10/2014

\_\_\_\_\_  
Date