

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P06000115498

1. Corporation Name

**GRINN ENTERPRISES, INC.**

2. Principal Office Address - No P.O. Box #  
1189 Hillsboro Mile

3. Mailing Office Address  
1189 Hillsboro Mile

Suite, Apt. #, etc.  
Apt. 15

Suite, Apt. #, etc.  
Apt. 15

City & State  
Hillsboro Beach, Florida

City & State  
Hillsboro Beach, Florida

Zip  
33062

Country

Zip  
33062

Country

**7. Name and Address of Current Registered Agent**

Name  
**SPIEGEL & UTRERA, P.A.**

Street Address (P.O. Box Number is Not Acceptable)  
1840 Southwest 22nd Street

Suite, Apt. #, Etc.  
4th Floor

City  
Miami

State  
**FL**

Zip Code  
33145

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.  
**SPIEGEL & UTRERA, P.A.**

Signature of  
Registered Agent By:

*Natalia Utrera*  
Natalia Utrera, Vice President

REGISTERED AGENT MUST SIGN

Date **10-24-07**

**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
PSTD	Grinn, Brian	1189 Hillsboro Mile, Apt. 15	Hillsboro Beach, Florida 33062
VD	Grinn, Rachel	1189 Hillsboro Mile, Apt. 15	Hillsboro Beach, Florida 33062

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:

*Brian Grinn*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**10-24-07**

**FILED**

2007 NOV -5 PM 1:08

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

400112460284  
11/20/07--01034--005 \*\*150.00

**REINSTATEMENT**

CR2E081 (1/07)

**07**

4. Date Incorporated or Qualified  
To Do Business in Florida 09/06/2006

5. FEI Number 22-3942670

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required  
for a Certificate of Status

☒ 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.