

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

10 FEB 10 PM 4:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P07000109385**

1. Corporation Name

Grad Investments, Inc.

**REINSTATEMENT**

900168443509  
02/10/10--01032--007 \*\*458.75

08410

CR2E081 (11/09)

2. Principal Office Address - No P.O. Box #  
5776 SW 2 Terrace

3. Mailing Office Address  
5776 SW 2 Terrace

Suite, Apt. #, etc.

City & State  
Miami, FL

Zip Country  
33144 USA

4. Date Incorporated or Qualified  
To Do Business in Florida 10/03/2007

5. FEI Number  
26-1318895

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.

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

Name  
Carmen Delia Tuero

Street Address (P.O. Box Number is Not Acceptable)  
5776 SW 2 Terrace

Suite, Apt. #, Etc.

City State Zip Code  
Miami FL 33144

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 Carmen Tuero  
REGISTERED AGENT MUST SIGN

Date 1/14/10

**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	Carmen Delia Tuero	5776 SW 2 Terrace	Miami, FL 33144
			<b>M. MILLIGAN EXAMINER</b>
			<b>FEB 10 2010</b>

10. E-mail Address: jatuero@comcast.net

(To be used for future annual report notification)

11. 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. I further certify 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: Carmen Tuero Date 1/14/10 305-298-2293  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #