

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

14 OCT 17 AM 9:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Limited Liability Company's Name
P07000128253
GRI HOLDINGS, INC.

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #

14 NE 1ST AVENUE

Suite, Apt. #, etc.

2ND FLOOR

City & State

MIAMI, FL

Zip

33132

Country

USA

3. Mailing Office Address

14 NE 1ST AVENUE

Suite, Apt. #, etc.

2ND FLOOR

City & State

Miami, FL

Zip

33132

Country

USA

4. State/Country of Formation

Florida

**5. Date Organized or Qualified
To Do Business in Florida**

11/30/2007

6. FEI Number

261519859

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 (Additional Fee required
for a Certificate of Status)

8. Name and Address of Current Registered Agent

Name

THOMAS SHERMAN

Street Address (P.O. Box Number is Not Acceptable)

90 ALMERIA AVE

Suite, Apt. #, Etc.

City

CORAL GABLES

State

FL

Zip Code

33134

500264832355
10/17/14--01025--022 **500.00

500264832355
09/30/14--01026--027 **250.00

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

9/17/14

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
PS	JEREMY GREEN	14 NE 1ST AVENUE, 2ND FLOOR	Miami, FL 33132

11. E-mail Address: RPM@BENCHMARKRG.COM

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 805.0012, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager

Date

Daytime Phone #

Typed or printed name of signing Authorized Representative/Manager JEREMY GREEN

OCT 17 2014

M. WILLIAMS