PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
13 FEB 14 PM 2:19
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P11000043857

1. Corporation Name

MAISON GRANDE 1435 CORP.

REINSTATEMENT 12-13

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1500 San Remo Ave.	1500 San Remo Ave.
Suite, Apt. #, etc Suite 125	Suite, Apt. #, etc Suite 125
City & State Coral Gables, FL	City & State Coral Gables, FL
Zip: 33146 Country: USA	Zip: 33146 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number — [X] 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
Atrium Registered Agents, Inc.
Street Address (P.O. Box Number is Not Acceptable)
1500 San Remo Avenue
Suite, Apt. #, Etc.
Suite 125
City: Coral Gables State: FL Zip Code: 33146

400244742294
02/14/13--01006--026 **900.00

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 _____ Date 2/12/2013
REGISTERED AGENT MUST SIGN

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	Vivien Amrhein	1500 San Remo Ave. Ste 125	Coral Gables, FL 33146
VD	Kathrein Amrhein	1500 San Remo Ave. Ste 125	Coral Gables, FL 33146
TD	Francisco Castro	1500 San Remo Ave. Ste 125	Coral Gables, FL 33146
SD	Michelle Duenas	1500 San Remo Ave. Ste 125	Coral Gables, FL 33146

10. **E-mail Address:** oye@pnrlaw.com
(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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: _____ Kathrein Amrhein 2/12/2013
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #