

# **2014 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P12000078433

**FILED**  
**Jul 02, 2014**  
**Secretary of State**

**Entity Name:** GRASSI HOSPITALITY INCORPORATED

**Current Principal Place of Business:**

6138 EVERLASTING PLACE  
LAND O LAKES, FL 34639 US

**New Principal Place of Business:**

**Current Mailing Address:**

6138 EVERLASTING PLACE  
LAND O LAKES, FL 34639 US

**New Mailing Address:**

**FEI Number:** 46-0985660

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GRASSI, NICHOLAS  
6138 EVERLASTING PLACE  
LAND O LAKES, FL 34639 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:** NICHOLAS GRASSI

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

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** DIR  
**Name:** GRASSI, NICHOLAS  
**Address:** 6138 EVERLASTING PLACE  
**City-St-Zip:** LAND O LAKES, FL 34639 US

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:** NICHOLAS GRASSI

**DIRE**

**07/02/2014**

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

\_\_\_\_\_  
Date