

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2022 MAR -4 PM 3:24

SECRETARY OF STATE
TALLAHASSEE, FL

DOCUMENT # P15000029362

1. Corporation Name

GRANT PROPERTY HOLDINGS, INC.

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

3225 McLeod Drive

3. Mailing Office Address

3225 McLeod Drive

Suite, Apt. #, etc.

Suite 100

Suite, Apt. #, etc.

Suite 100

City & State

Las Vegas, NV

City & State

Las Vegas, NV

Zip

89121

Country

USA

Zip

89121

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

3/31/2015

5. FEI Number

47-3581030

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

Anderson Registered Agents, Inc.

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

625 E. Twiggs Street, Suite 110

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33602

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 2/23/2022

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
PVTSD	Charlotte Grant	3225 McLeod Drive, Suite 100	Las Vegas, NV 89121

REINSTATEMENT

cf. 2017-2022

10. E-mail Address: ra@andersonadvisors.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:

Charlotte Grant

2/23/2022

7028718535

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #