

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000060325

1. Corporation Name

Grober & Vertiz, Inc.

2. Principal Office Address

4400 N. Federal Hwy

Suite, Apt. #, etc.

210

City & State

Boca Raton, FL

Zip

33431

Country

USA

3. Mailing Office Address

4400 N. Federal Hwy.

Suite, Apt. #, etc.

210

City & State

Boca Raton, FL

Zip

33431

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

08/27/93

5. FEI Number

65-0444871

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

Elizabeth O. Pines, Esq

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

3301 Ponce de Leon Blvd., Suite 200

Suite, Apt. #, Etc.

City

Coral Gables

State

FL

Zip Code

33134

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 5/29/02

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
D	Rafael Sarria	4400 N. Federal Hwy. ^{Suite 210}	Boca Raton, FL 33431
S	Jorge Martinez	4400 N. Federal Hwy. #210	Boca Raton, FL 33431
T	Mireya Hidalgo	4400 N. Federal Hwy #210	Boca Raton, FL 33431
D	Edgar Sarria	4400 N. Federal Hwy #210	Boca Raton, FL 33431
			1050.00 - Adm 33431
			61.25 - AR 88.75

10. 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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-29-02 (561) 3948999

Date

Daytime Phone #

FILED

02 MAY 31 AM 10:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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