PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

98 JUN 24 PM 3:50

SECRETARY OF STATE

Read Instructions on Other Side Before Making Entries
Make Check Payable To: *Department of State*

1. Name and Mailing Address of Corporation:

DOCUMENT # W98-14489

P94000060434

GRAPETREE UNIT 409 INCORPORATED
328 Crandon Boulevard
Suite 222C
Key Biscayne, Florida 33149

2. If Address in Block 1 is incorrect in any way, enter the correct address below:

Address

City and State Zip Code

3. If Principle Office Address is different from mailing address, enter address below:

Address

City and State Zip Code

4. Date Incorporated or Qualified To Do Business In Florida	5. FEI Number	X	FEI Number Applied For	6. $8.75 Additional Fee required for a Certificate of Status
FLD 08/17/94 EFF 08/16/94			FEI Number Not Applicable	CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D/P	De Vera, Mercedes H.	10331 Coral Way	Miami, FL 33165
D/S	De Chernik, Irene V.	10331 Coral Way	Miami, FL 33165
			700002575547--4 -06/30/98--01007--018 ****775.00 ****775.00

REINSTATEMENT 6-25-98

REGISTERED AGENT INFORMATION

8. Name and Address of Current Registered Agent

Quentel, Albert D.
1221 Brickell Avenue
Miami, Florida 33131

9. If changed, new registered agent / office

Name 700002575547--4 -06/30/98--01007--019 ****275.00 ****275.00

Street Address (Do NOT Use P.O. Box Number)

Street Address (Do NOT Use P.O. Box Number)

City State: FL Zip

10. I being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent [signature] REGISTERED AGENT MUST SIGN

Date May 14, 1998

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

13. 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. 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 of Officer or Director Mercedes H. de Vera Date 05/14/98 Daytime Phone # 305/223-3731

Typed or printed name of signing officer or director MERCEDES H. DE VERA

CR2E040 (8/92)