

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 AUG 12 AM 8:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 894000077049

1. Corporation Name

GRANDE JOURNEYS CORPORATION

2. Principal Office Address

1701 PONCE DE LEON BLVD.

Suite, Apt. #, etc.

City & State

CORAL GABLES, FLA

Zip

33134

Country

U.S.A

3. Mailing Office Address

1701 PONCE DE LEON BLVD.

Suite, Apt. #, etc.

City & State

CORAL GABLES, FLA

Zip

33134

Country

U.S.A

4. Date Incorporated or Qualified
To Do Business in Florida

1994

5. FEI Number

593275720

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 98-09

7. Name and Address of Current Registered Agent

Name

KEITH ST. CLAIR

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

1701 PONCE DE LEON, BLVD.

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]

Date 8/10/2004

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
<u>Pres</u> <u>Sec</u>	<u>KEITH ST. CLAIR</u>	<u>1701 PONCE DE LEON</u> <u>BLVD.</u>	<u>CORAL GABLES,</u> <u>FL 33134</u>

000040123320

08/12/04--01008--004 **1658.75

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:

Keith St. Clair

8/10/2004

305.753.7504

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR0001 (01/04)

**Keith St. Clair
1701 Ponce de Leon Boulevard
Coral Gables, FL 33134
(305) 648-8605**

August 10, 2004

Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Re: Grande Journeys Corporation -- Document Number: P94000077049 -- FEI 593275720

To Whom It May Concern:

Please find enclosed a Corporation Reinstatement form duly executed. This company was dissolved due to the resignation of the registered agent but continued to do business subsequent to that resignation. I would appreciate if you could expedite this reinstatement and confirm same to me.

Sincerely,

A handwritten signature in cursive script that reads "Keith St. Clair". The signature is written in dark ink and is positioned above a horizontal line.

Keith St. Clair

Enclosures (as stated)