

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

15 OCT 27 AM 11:01
RECEIVED
FEB 10 1995

DOCUMENT # P 940000 93011

1. Corporation Name

GRAND CRU INC

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

984 S. JENKINS RD

Suite, Apt. #, etc.

3. Mailing Office Address

984 S. JENKINS RD

Suite, Apt. #, etc.

City & State

FT PIERCE FL.

City & State

FT PIERCE FL.

Zip

34947

Country

U.S.

Zip

34947

Country

US

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

DECEMBER-22-1994

5. FEI Number

65-0570180

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

YES

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

REINALDO PEREZ

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

984 S. JENKINS RD

Suite, Apt. #, Etc.

City

FT PIERCE

State

FL

Zip Code

34947

600278522706
10/27/15--01025--002 **1058.75

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

Reinaldo Perez

Date 10-23-15

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
D	BOBBIE PEREZ	984 S. JENKINS RD	FT PIERCE 34947

REINSTATEMENT

OCT 27 2015

R. HUNT

10. E-mail Address: GRANDCRUINC@AOL.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:

Reinaldo Perez