PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

99 APR -7 AM 9:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000008127**

1. Corporation Name

Grand Futura Properties Inc.

Principal Place of Business | Mailing Address

If above addresses are incorrect in any way, line through incorrect information and render correct information below.

REINSTATEMENT

2. New Principal Office Address, If Applicable
9316 Collins Avenue
Suite, Apt. #, etc.
City & State: **Surfside Florida**
Zip: **33154** Country: **USA**

3. New Mailing Office Address, If Applicable
9316 Collins Avenue
Suite, Apt. #, etc.
City & State: **Surfside Florida**
Zip: **33154** Country: **USA**

4. Date Incorporated or Qualified To Do Business in Florida: **01-31-1995**

5. FEI Number: **65-0562524** Applied For ☐ Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED ☐ **$8.75 Additional Fee required for a Certificate of Status**

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	Hector P. Ortiz	8105 West 20 Avenue	Hialeah FL 33014
D	Linda Ortiz	8105 West 20 Avenue	Hialeah FL 33014

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name: **Hector P Ortiz**
Street Address (P.O. Box Number is Not Acceptable): **8105 West 20 Avenue**
Suite, Apt. #, Etc.
City: **Hialeh** State: **FL** Zip Code: **33014**

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: Hector P Ortiz
REGISTERED AGENT MUST SIGN
Date: **3-31-1999**

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. 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: Hector P Ortiz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Hector P Ortiz President | **3-31-99** Date | **305-819-4060** Daytime Phone #

CR2E081 (12-98)