

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 MAR 24 AM 10: 35.

DOCUMENT # P97000102669

1. Corporation Name

GRUZIN, INC.

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

8101 BYRON AVENUE

Suite, Apt. #, etc.

203

City & State

MIAMI BEACH, FL

Zip

33141

Country

3. Mailing Office Address

8101 BYRON AVENUE

Suite, Apt. #, etc.

203

City & State

MIAMI BEACH, FL

Zip

33141

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
65-0830601

☐ 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

TATYANA KELLOGG

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

8101 BYRON AVENUE

Suite, Apt. #, Etc.

203

City

MIAMI BEACH

State

FL

Zip Code

33141

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Tatiana Kellogg
REGISTERED AGENT MUST SIGN

Date 03/21/09

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
P	TATYANA KELLOGG	8101 BYRON AVENUE #203	MIAMI BEACH, FL 33141

900147015529
03/24/09-01004-017 ***450.00

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 contained in Chapter 119, 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:

Tatiana Kellogg
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/21/09

Date

305-868-0355

Daytime Phone #