

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**

**FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS**

**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**

**3. Mailing Office Address**

**8101 BYRON AVENUE**

Suite, Apt. #, etc.

**203**

City & State

**MIAMI BEACH, FL**

Zip

**33141**

Country

**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**

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the o**

Signature of  
Registered Agent

**REGISTERED AGENT MUST SIGN**

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list all officers)**

<b>Titles</b>	<b>Name of Officers and/or Directors</b>	<b>Street Address of Each Officer and/or Director</b>
<b>P</b>	<b>TATYANA KELLOGG</b>	<b>8101 BYRON AVENUE #203</b>

**10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as per this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies all requirements, the debts and obligations owed by the corporation have been paid and the names of individuals listed on this form do not qualify for reinstatement. The information on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.**

**SIGNATURE:**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**