

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 17 PM 3:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000099081

1. Corporation Name

GRUBCO, INC.

2. Principal Office Address

9731 N.W. 33 Manor

Suite, Apt. #, etc.

City & State

Sunrise, Florida

Zip
33351Country
USA

3. Mailing Office Address

9731 N.W. 33 Manor

Suite, Apt. #, etc.

City & State

Sunrise, Florida

Zip
33351Country
USA4. Date Incorporated or Qualified
To Do Business in Florida

Nov. 24, 1998

5. FEI Number

65-0879613

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

Joyce A. Slater, Esq.

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

4300 N. University Drive

Suite, Apt. #, Etc.

Suite B-100

City

Lauderhill

State
FLZip Code
33351

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

REGISTERED AGENT MUST SIGN

Date

10/15/02

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
Pres.	Mr. Wesley Echevarria	9731 N.W. 33 Manor	Sunrise, FL 33351

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 307.0401 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/10/02