PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAR 24 PM 2:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000072767

1. Corporation Name

Grassi Enterprises Inc

1/15/04 01015 004 **600.00

REINSTATEMENT 01-04

2. Principal Office Address	3. Mailing Office Address
% 1001 SE 12th Terrace	% 1001 SE 12th Terrace
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Deerfield Beach, Fl	City & State: Deerfield Beach, Fl
Zip: 33441 Country: USA	Zip: 33441 Country: U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 65-0937669 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: Mike Bongiovanni

Street Address (P.O. Box Number is Not Acceptable): 555 S. Powerline Road

Suite, Apt. #, Etc.:

City: Pompano Beach | State: FL | Zip Code: 33069

8. I, being appointed the registered agent above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: _____ Date: 3/1/4

REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PVPTS	John Grassi	% 1001 SE 12th Terr	Deerfield Bch, Fl 33441

10. I certify that I am an officer or director of the member 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: John Grassi — March 8, 2004 — 954-918-0885

SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER, OFFICER OR DIRECTOR — Date — Daytime Phone #