


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P99000094505

1. Corporation Name

GRIBAN TECHNOLOGIES, INC.

Principal Place of Business

11034 W FLAGLER STREET
MIAMI FL 33174

Mailing Address

11034 W FLAGLER STREET
MIAMI FL 33174

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

10/27/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0956892

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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 3	City / State / Zip 4
PD	WEEKS, JOSEPH D	11040 WEST FLAGLER STREET	MIAMI FL 33174
VPD	GUILLEN, JOSE	11040 WEST FLAGLER STREET	MIAMI FL 33174
DS	GUILLEN, YOLANDA	11040 WEST FLAGLER STREET	MIAMI FL 33174
DT	WEEKS, MELISA M	11040 WEST FLAGLER STREET	MIAMI FL 33174

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WEEKS, JOSEPH D
11034 WEST FLAGLER STREET
MIAMI FL 33174

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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.

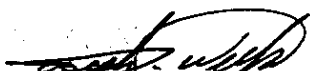
Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 10-15-2001

11. 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:



Joseph D. WEEKS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-15-2001

Date

Daytime Phone #

305 224 6111 x301


CR2E040 (8/01)



11034 West Flagler Street
Miami, Florida 33174
Phone: 305.226.6111 Fax 786.524.0416

To Whom It May Concern:

This is a letter to advise you that I have not received any papers in reference to "Florida Dept of State, Division of Corporations". I called the (850) 245-6059 phone number and spoke with a lady that states they sent the papers out three (3) times. This was my first and ONLY time receiving anything to do with Corporation Papers. This is only the 2nd year of our business. I wish I would have know about this. I do now and will call in February if I do not receive the mail outs in the future. Thank you for your time. If there are any questions for me, I can be reached at (305) 226-6111 x301.



Joseph D. Weeks
President