PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

0597

APPROVED AND FILED
1997 JUL 24 AM 8:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V66600(0)

1. Corporation Name

GRECA, INC.

W97-16277

Principal Place of Business	Mailing Address
~~9015 N.W. 13 Terr.~~ ~~Miami, FL 33172~~	999 Ponce de Leon Blvd. Suite 1150 c/o Thomas P. Carlos Coral Gables, Fla. 33134

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
Suite, Apt. #, etc.	999 Ponce de Leon Blvd. Suite Apt. # etc. Suite 1150, c/o T.P. Carlos
City & State	City & State Coral Gables, FL 33134
Zip / Country	Zip 33134 / Country USA

4. Date Incorporated or Qualified To Do Business in Florida: 9/21/92

5. FEI Number: 65-0369336 ☐ Applied For ☐ Not Applicable

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/D	Thomas P. Carlos	999 Ponce de Leon Blvd., Ste 1150	Coral Gables, Fl 33134
S/D	Martin F. Greenberg	7751 S.W. 62 Avenue	Miami, Fl

500002251595--6
-07/29/97--01128--005
***1080.00 ***1080.00

REINSTATEMENT

500002251595--6
-07/29/97--01128--006
******8.75 ******8.75

8. Name and Address of Current Registered Agent

John T. Prahl
2801 Ponce de Leon Blvd., Suite 1155
Coral Gables, Fl 33134

9. Name and Address of New Registered Agent

Name: Thomas P. Carlos
Street Address (P.O. Box Number is Not Acceptable): 999 Ponce de Leon Blvd., Suite 1150
Suite, Apt. #, Etc.:
City: Coral Gables | State: FL | Zip Code: 33134

CR2E040 (12/96)

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: Thomas P. Carlos Date: 7/21/97
Thomas P. Carlos
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐ (See other side for information on intangible tax.)

12. 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: Thomas P. Carlos 7/7/97 305-4441500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Thomas P. Carlos, President