

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 FEB -9 PM 2:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000031929

1. Corporation Name

Grime Stoppers International, Inc.
Document # P95000031929

2. Principal Office Address

221 W. Goolsby Blvd.

Suite, Apt. #, etc.

City & State

Deerfield Beach, Florida

Zip

33442

Country

USA

3. Mailing Office Address

221 W. Goolsby Blvd.

Suite, Apt. #, etc.

City & State

Deerfield Beach, Florida

Zip

33442

Country

USA

REINSTATEMENT 92-05

**4. Date Incorporated or Qualified
To Do Business in Florida**

04/24/1995

5. FEI Number

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

Tena Hamm

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

221 W. Goolsby Blvd.

Suite, Apt. #, Etc.

City

Deerfield Beach

State

FL

Zip Code

33442

600046652736
02/15/05 01049 005 **150.00

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

Tena Hamm

REGISTERED AGENT MUST SIGN

Date

11/14/05

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
P	R. Harold Alvarez	221 W. Goolsby Blvd.	Deerfield Beach, Florida 33442
D	R. Harold Alvarez	221 W. Goolsby Blvd.	Deerfield Beach, Florida 33442

300045031623
01/19/05 01047 025 **1800.00

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R. Harold Alvarez

Date

1/14/05

Daytime Phone #

CR2E081 (01/05)