

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2008 NOV -6 PM 3: 32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L06000079896

1. Limited Liability Company's Name

2604 GROVENOR HOUSE, LLC

100137710421
11/06/08--01035--002 **377.50

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box # 1000 BRICKELL AVENUE		3. Mailing Office Address 1000 BRICKELL AVENUE	
Suite, Apt. #, etc. 215		Suite, Apt. #, etc. 215	
City & State MIAMI, FLORIDA		City & State MIAMI, FLORIDA	
Zip 33131	Country USA	Zip 33131	Country USA

4. State/Country of Formation FLORIDA	
5. Date Organized or Qualified To Do Business in Florida	
6. FEI Number 45-0508466	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name
CORPORATE MAINTENANCE SERVICES, LLC

Street Address (P.O. Box Number is Not Acceptable)
1000 BRICKELL AVENUE

Suite, Apt. #, Etc.
215

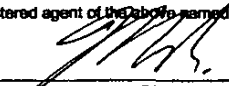
City
MIAMI

State
FL

Zip Code
33131

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent *X*  Date OCTOBER 10, 2008

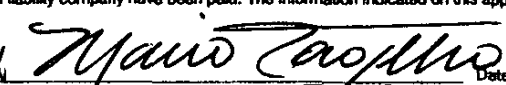
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	MARIO E. TELLO	1000 BRICKELL AVENUE, SUITE 215	MIAMI, FLORIDA 33131

REINSTATEMENT-07-08

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager *X*  Date 10/10/08 Daytime Phone # 305-349-1500

Typed or printed name of signing Managing Member/Manager _____