1072

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 MAR -9 AM 8:00

DOCUMENT # N 46170

REINSTATEMENT 00-04 MRS

1. Corporation Name
The Groves Maintenance Association, Inc

2. Principal Office Address	**3.** Mailing Office Address
1870 N. Corp. Lakes Dr.	P.O. Box 266343
Suite, Apt. #, etc. # 266343	Suite, Apt. #, etc.
City & State: Weston, FL	City & State: Weston, FL
Zip: 33326 Country:	Zip: 33326 Country: Broward

4. Date Incorporated or Qualified To Do Business in Florida: 11/22/1991

5. FEI Number: 65-0319815 ☐ 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: Isabel Cusano

Street Address (P.O. Box Number is Not Acceptable): 471 Barbri Lane

Suite, Apt. #, Etc.:

City: Davie State: FL Zip Code: 33325

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03/09/04--01029--006 **245.00
8/25/00 90002
022*61.25

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: Isabel Cusano Date: 2/27/04
REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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
PD	Thomas Wilson	472 Barbri Ln	Davie, FL 33325
VD	Loretta Williams	451 Barbri Ln	Davie, FL 33325
VD	Jack Dibella	525 Greaton Ave	Davie, FL 33325
SD	Tonya A. Maitland	521 Barbri Ln	Davie, FL 33325
TD	Isabel Cusano	471 Barbri Ln	Davie, FL 33325

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: Isabel Cusano 2/27/04 (954) 261-1989
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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The Groves Maintenance Association, Inc.
P.O. Box 266343
Weston, Fl 33326

February 27, 2004

Florida Department of State
Division of Corporation
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

Per my conversation with Debbie, attach you will find a reinstatement form with a check for the amount of $ 245.00. We did not receive any correspondence for The Groves Maintenance Association, Inc., from your office.

I will like to thank you for your attention in this matter.

If you need to contact me please give me a call at 954-261-1989.

Sincerely yours,

Isabel Cusano

Isabel Cusano
Treasurer