

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

10 MAR 19 PM 1:46

SECRETARY OF STATE
TALLahassee, FLORIDA

900172649399
03/19/10-01040-009 **750.00
REINSTATEMENT 08-10

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P07000093723
1. Corporation Name
GROVEMAN, INC.

2. Principal Office Address - No P.O. Box # 3 Grove Isle Drive		3. Mailing Office Address 3 Grove Isle Drive	
Suite, Apt. #, etc. C-606		Suite, Apt. #, etc. C-606	
City & State Miami, FL		City & State Miami, FL	
Zip 33133	Country USA	Zip 33133	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 8/21/07

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
HUGO MANTILLA

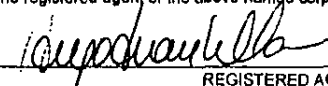
Street Address (P.O. Box Number is Not Acceptable)
3 Grove Isle Drive

Suite, Apt. #, Etc.
C-606

City Miami	State FL	Zip Code 33133
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The 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 reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0506 or 617.0503, F.S.

Signature of Registered Agent  Date 3/5/2010

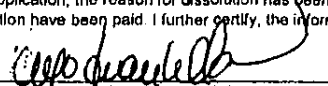
REGISTERED AGENT MUST SIGN

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	Hugo Mantilla	3 Grove Isle Dr, #C-606	Miami, FL 33133

10. E-mail Address: _____
(To be used for future annual report notification)

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. I further certify, 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:  HUGO MANTILLA 3/5/2010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

3/22/10