PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 FEB 25 AM 1:48

DOCUMENT # 75 2144

1. Corporation Name

GROVE PARADISE CONDOMINIUM ASSOCIATION, INC.

REINSTATEMENT 01-02

2. Principal Office Address		**3.** Mailing Office Address	
3202 West Trade AVE		C/O Unlimited Management	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
		P. O. Box 440067	
City & State		City & State	
Miami Florida		Miami, Florida	
Zip	Country	Zip	Country
33133	U.S.A.	33144	U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 59-2165081 — 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: Anicia Morales

Street Address (P.O. Box Number is Not Acceptable): 937A SW 87 Avenue

Suite, Apt. #, Etc.:

City: Miami, Florida 33174 — State: FL — Zip Code: 33174

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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: Anicia Morales — REGISTERED AGENT MUST SIGN — Date: 2/22/02

CR2E081 (9/01)

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/D	Colin Seaman	3218 W. Trade Ave.	Miami, FL. 33133
S/D	Andrew Yale	3231 Bird Avenue	Miami, FL. 33133
VP/D	Marlene Alvarez	3232 W. Trade Avenue	Miami, FL. 33133
T/D	Danielle Lowenthal-Fronela	3056 Center Street	Miami, FL. 33133
D	Joseph I. Nieto	3210 W. Trade Avenue	Miami, FL. 33133
VP/D	Nancy P. Zucchetti	3216 W. Trade Avenue	Miami, FL. 33133

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: Joseph I. Nieto / Anicia Morales — 2/22/02 — (305) 266-8084

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