

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR **91-97**
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

DOCUMENT # 845997 6

97 MAY -7 PM 3:13

1. Corporation Name

GROVETON, N.V., INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
7875 N.W. 12th Street
Suite 104
Miami, Florida 33126

Mailing Address
P. O. Box 145388
Coral Gables, Florida
33114-5388

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 05/15/1980	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-1920657	
City & State		City & State		Applied For. Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P/T/D	MARTINEZ S., BASILIO	7875 N.W. 12th St. Suite 104	Miami, Fl. 33126
V	LABARTINO, VINCENZO	7875 N.W. 12th St. Suite 104	Miami, Fl. 33126
S	VALLE, ALBERTO	7875 N.W. 12th St. Suite 104	Miami, Fl. 33126
<p>9000002178659-6 -05/14/97--01096--016 ***1645.00 ***1645.00</p> <p>REINSTATEMENT 91-97 <i>A. Valle</i> <i>5/7/97</i></p>			

8. Name and Address of Current Registered Agent

GARCIA, GENARO R.
29 S. W. 36th Court
Miami, Florida 33135

9. Name and Address of New Registered Agent

Name
VALLE, ALBERTO

Street Address (P.O. Box Number is Not Acceptable)
7875 N.W. 12th Street

Suite, Apt. #, Etc.
Suite 104

City
Miami

State
FL

Zip Code
33126

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

Alberto Valle

REGISTERED AGENT MUST SIGN

Date **May 6, 1997**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information on intangible tax.)

12. 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

Alberto Valle

Date

Daytime Phone #

5/6/97 (305) **443-94154**

CR2ED40 (12/96)