

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: left;"> LIMITED PARTNERSHIP REINSTATEMENT </div> <div style="text-align: center;"> </div> <div style="text-align: right;"> FLORIDA DEPARTMENT OF STATE Jeffrey Harris Secretary of State DIVISION OF CORPORATIONS </div> </div>			
<div style="font-size: 2em; font-weight: bold; opacity: 0.5; position: absolute; top: 0; left: 0;">A19352</div> <div style="position: absolute; top: 0; right: 0;"> FILED 01 DEC -5 PM 2:40 SECRETARY OF STATE TALLAHASSEE, FLORIDA </div>			
DOCUMENT # A19352 1. Name of Limited Partnership GROVE HILL, LTD			
2. Principal Office Address 2600 S.W. 3RD Avenue Suite, Apt. #, etc. PH-A City & State Miami, FL Zip 33129 Country US		3. Mailing Office Address 2600 S.W. 3RD Avenue Suite, Apt. #, etc. PH-A City & State Miami, FL Zip 33129 Country US	
4. Date Formed or Registered To Do Business in Florida 03/12/1985		5. FEI Number 59-2530737 Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status		7a. Capital Contributions as shown on Record: \$ 10,879,178.00 7b. Amount of Capital Contributions in FLORIDA to date: \$ 10,000	
8. Name and Address of Current Registered Agent Name United States Registered Agents, Inc. Street Address (P.O. Box Number is Not Acceptable) 329 Granello Avenue Suite, Apt. #, Etc. City Coral Gables State FL Zip Code 33146			
9. Pursuant to the provisions of sections 620.1061 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes. SIGNATURE (Registered Agent Accepting Appointment) _____ DATE 12-3-01			
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.			
10. Name(s) of General Partner(s) BERCOHILL, INC.	Address of Each General Partner (Do NOT Use Post Office Box Numbers) 2600 S.W. 3RD Avenue	City, State and Zip Code Miami, FL 33129	10a. Registration Document Number P99000107970
<div style="font-size: 1.5em; font-weight: bold; opacity: 0.5;">800004739678</div> <div style="font-size: 1.5em; font-weight: bold; opacity: 0.5;">-12/26/01--01091--003</div> <div style="font-size: 1.5em; font-weight: bold; opacity: 0.5;">****658.75 ****658.75</div> <div style="font-size: 2em; font-weight: bold; opacity: 0.5;">REINSTATEMENT</div>			
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.			
11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes. SIGNATURE _____ DATE 10-30-01 Typed or Printed Name of General Partner Signing Form Andrew A. Harris Telephone Number 305 8600802			

CR2509 (9/00)