DEC-22-97 MON 17:22 WADE C. PETERSON

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
98 JAN 26 PM 5:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F79399

1. Corporation Name
Grove Realty Inc.

Principal Place of Business / Mailing Address
234 North Krome Avenue
Homestead, Florida 33030

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

2. New Principal Office Address, If Applicable
234 North Krome Avenue
Suite, Apt. #, etc.
City & State: Homestead, FL 33030
Zip: 33030 Country: USA

3. New Mailing Office Address, If Applicable
234 North Krome Avenue
Suite, Apt. #, etc.
City & State: Homestead, FL 33030
Zip: 33030 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 4/22/82

5. FEI Number: 59-2236239 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/T/D	Marvin Schild	1100 Loch Lomond Court	New Smyrna Beach, FL 32168
V/S/D	Ray Browning	4 Truxton Lane	Ft. Salonga, NY 11768

800002416408---1
-01/23/98--01036--010
****150.00 ****150.00

800002416408---1
-01/23/98--01036--011
****750.00 ****750.00

REINSTATEMENT 97-98 SL 1-27-98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent
Name: Wade C. Peterson
Street Address (P.O. Box Number is Not Acceptable): 234 North Krome Avenue
Suite, Apt. #, Etc.
City: Homestead State: FL Zip Code: 33030

CR4EM001(1/96)

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: Wade C. Peterson REGISTERED AGENT MUST SIGN Date: 12/29/97

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: Marvin Schild
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 12/23/97 Daytime Phone #: (954) 422-4718