PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **APPLICATION** Glenda E. Hood **FOR** Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS FILED **DOCUMENT #** F98000006410 04 MAY 14 PM 2: 32 1. Corporation Name HOWARD ROAD GROVE MANAGEMENT SERVICES, INC. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 87 ANDOVER LANE 87-ANDOVER LANE-WILLIAMSVILLE NY 14221 WILLIAMSVILLE NY 14221 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 Date Incorporated or Qualified To Do Business in Florida 11/23/1998 5. FEI Number Applied For 16-1559083 Not Applicable 88.75 Additional Fee required CERTIFICATE OF STATUS DESIRED 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) Name of Officers Street Address of Each City / State / Zip Title(s) and/or Directors Officer and/or Director 87 ANDOVER LANE WILLIAMSVILLE NY 14221 DPST GALVIN, RICHARD J CANIBEL BLAND FL. 6.BOX 1103 ٠,-900033477559 04/21/04--01077--021 **750.00 900033477559 05/26/04--01049--023 **150.00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD Suite, Apt. #; Etc. PLANTATION FL 33324 City State Zip Code 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. or 617.0505, F.S. James A. Bordonaro Assistant Secretar

Signature of Registered Agent ERED AGENT MUST SIGN **REGIST**

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 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:

ENATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR