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
97 APR 21 PM 3:07
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # K 39812

1. Corporation Name

PARK LANE IN THE GROVE, INC. W97-6737

Principal Place of Business	Mailing Address
300 Sevilla Avenue Suite 301 Coral Gables, FL 33134	300 Sevilla Avenue Suite 301 Coral Gables, FL 33134

REINSTATEMENT @ 91-97

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
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 59 291 3613 ☐ 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
Pres	GAUDENCIO CASTRO JR	300 SEVILLA AVE	CORAL GABLES, FLA.
Sec	Same		
Dir	JOAQUIN URBANO	300 SEVILLA AVE SUITE 301	CORAL GABLES, FLA 33134
Dir	FRANCISCO PIMENTEL	"	"
Dir	GAUDENCIO CASTRO JR	"	500002152135--1 -04/23/97--01077--023 ***1636.25 ***1636.25

8. Name and Address of Current Registered Agent

Gaudencio Castro, Jr.
300 Sevilla Avenue, Suite 301
Coral Gables, FL 33134

9. Name and Address of New Registered Agent

Name: Carlos Alberto Castro, Esq.
Street Address (P.O. Box Number is Not Acceptable): 1001 S. Bayshore Drive
Suite, Apt. #, Etc.: Suite 2410
City: Miami State: FL Zip Code: 33131

CR2E040 (12/96)

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: _____ Date: 4/16/97
REGISTERED AGENT MUST SIGN

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: Gaudencio Castro Jr. March 19, 1997 (305) 448-6707
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #