

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L00000010063			
1. Limited Liability Company's Name Grove Multimedia, LLC			
2. Principal Office Address 3300 SW 27 Avenue		3. Mailing Office Address 3300 SW 27 Avenue	
Suite, Apt. #, etc. #1003		Suite, Apt. #, etc. #1003	
City & State Coconut Grove, Florida		City & State Coconut Grove, Florida	
Zip 33133	Country USA	Zip 33133	Country USA
4. State/Country of Formation Florida		5. Date Organized or Qualified To Do Business in Florida 8/2000	
6. FEI Number 65-1041834		Applied For ☐ Not Applicable ☒	
7. CERTIFICATE OF STATUS DESIRED ☐			

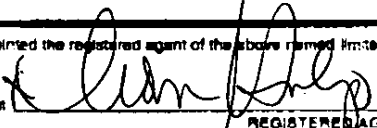
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. Name and Address of Current Registered Agent	
Name	Galego Law Group, P.A.
Street Address (P.O. Box Number is Not Acceptable)	232 Andalusia Avenue
Suite, Apt. #, Etc.	#202
City	Coral Gables
State	FL
Zip Code	33134

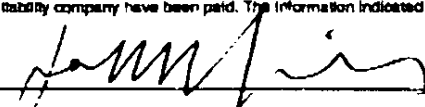
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 808, F.S.

Signature of Registered Agent:  Date: **4/5/05**

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers			
Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Jack Singer, MD	3300 SW 27 Avenue #1003	Coconut Grove, FL 33133

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 808, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 808.408, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager:  Date: **4/5/05** Daytime Phone # _____

Typed or printed name of signing Managing Member/Manager: **Jack Singer, MD**