LIMITMay.29. 2008 11:49AM PM GROVES PEACOCK TREE

COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 JUL 15 PM 1:22

DOCUMENT #

1. Limited Liability Company's Name: L02000026056
East Shinn Groves, L.L.C.
1008-25810

300129318339
05/21/08--01004--010 **100.00
CR2E041 (12/07)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
6099 Shinn Rd	6099 Shinn Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ft. Pierce FL	City & State: Ft. Pierce, FL
Zip: 34987 Country: USA	Zip: 34987 Country: USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 10/03/02

6. FEI Number: 55081 1472 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

8. Name and Address of Current Registered Agent

Name: Legal Information Services
Street Address (P.O. Box Number is Not Acceptable): 2500 Weston Rd
Suite, Apt. #, Etc.: #404
City: Weston State: FL Zip Code: 33331

☐ A $100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the $100 reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent X _____ Date 5/15/08
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	M+O Groves, Inc.	3078 Old Still Lane	Weston, FL 33331

300133027017
07/15/08--01037--003 **416.25

REINSTATEMENT
06-08

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, 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 608.406, 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 X _____ Date 5/15/08 Daytime Phone # 772 461 6810

Typed or printed name of signing Managing Member/Manager: _____

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