

# 2004 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 FEB 21 AM 9:46

<b>DOCUMENT # L03000007302</b> 1. Entity Name <b>GROVE ONE REALTY, LLC.</b>					
Principal Place of Business <b>C/O GUY T. MITCHELL 7395 S.W. 154TH TERRACE MIAMI, FL 33157</b>			Mailing Address <b>GUY MITCHELL PO BOX 56-5335 PINECREST, FL 33256</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>3420 BIRD AVE</b> Suite, Apt. #, etc.			
City & State <b>MIAMI - FL - 33133</b>		City & State <b>MIAMI - FL - 33133</b>		4. FEI Number <b>200222779</b>	
Zip <b>33133</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>M &amp; W AGENTS, INC. 2101 N.W. CORPORATE BLVD., SUITE 107 BOCA RATON, FL 33431</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City, <b>FL</b> Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE					
<b>FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$200.00</b>			Make check payable to <b>Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
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<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE:  11/22/04 (305) 443-4444 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					