

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

08 AUG 28 PM 1:59

SECRETARY OF STATE
TALLAHASSEE FLORIDA

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

L05000109526

1. Limited Liability Company's Name

17/92 GROVE, LLC

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box #

205 SOUTH GLEN AVE

Suite, Apt. #, etc.

3. Mailing Office Address

205 SOUTH GLEN AVE

Suite, Apt. #, etc.

City & State

LAKE ALFRED

City & State

LAKE ALFRED

Zip

33850

Country

FL

Zip

33850

Country

FL

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

11/10/2005

6. FEI Number

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

FALESHA BAKSH

Street Address (P.O. Box Number is Not Acceptable)

205 SOUTH GLEN AVE

Suite, Apt. #, Etc.

City

LAKE ALFRED

State

FL

Zip Code

33850

☒ 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 Falesha Baksh.

Date

8/26/08

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
MANAGER	NARAYANA BAKSH	205 SOUTH GLEN AVE	LAKE ALFRED, FL 33850

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

Date

8/29/08

Daytime Phone #

914-548-5744

Typed or printed name of signing Managing Member/Manager

NARAYANA BAKSH