

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L06000093959**

1. Limited Liability Company's Name

Grove in Ohio, LLC

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

4016 SW 132 AV

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Davie, FL

City & State

Zip

33330

Country

USA

Zip

Country

4. State/Country of Formation

Florida / USA

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

51-0602301

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

Ricardo Riera

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

4016 SW 132 AV

Suite, Apt. #, Etc.

City

Davie

State

FL

Zip Code

33330

☒ 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

Ricardo Riera

Date

4/12/2010

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	Ricardo Riera	4016 SW 132 AV	Davie, FL 33330

REINSTATEMENT

08-10

04-16-10

11. E-mail Address: **rickriera@bellsouth.net**

(To be used for future annual report notifications)

12. 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

Ricardo Riera

Date

4/12/2010

Daytime Phone #

(786) 285-8685

Typed or printed name of signing Managing Member/Manager