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Division of Corporations
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LIMITED LIABILITY REINSTATEMENT
GROVE MINUTEMAN, LLC

Certificate of Status	0
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Page Count	02
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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L07000124322

1. Limited Liability Company's Name
GROVE MINUTEMAN, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
55 Craig Avenue	55 Craig Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Piedmont, CA	City & State: Piedmont, CA
Zip: 94511 Country: USA	Zip: 94611 Country: USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 12/14/2007

6. FEI Number: 26-2481065 ☐ 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: NRAI SERVICES, INC

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.:

City: Plantation State: FL Zip Code: 33324

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent: [signature] Peter Trawinski Assistant Secretary Date: 6/27/2016

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
Manager	Sheldon L. Schreiberg	55 Craig Avenue	Piedmont, CA 94611
	REINSTATEMENT		
	2014 - 2016		

11. E-mail Address: Shelschreiberg@gmail.com
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 605.0012, 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager: [signature] Date: 6/23/16 Daytime Telephone #: 202 744 8057

Typed or printed name of signing Authorized Representative/Manager: SHELDON L. SCHREIBERG, MANAGER

JUN 27 2016

PEPPER