

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

JAN 29 PM 8:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L 98000002890**

1. Limited Liability Company's Name

West Grove Investments, LLC

2. Principal Office Address

3616 Grand Avenue

3. Mailing Office Address

3734 Florida Ave

Suite, Apt. #, etc.

Suite #6

Suite, Apt. #, etc.

P.O. Box 330118

City & State

miami, Florida

City & State

miami, Florida

Zip

33133

Country

U.S.A.

Zip

33233

Country

U.S.A.

4. State/Country of Formation

FL / miami-Dade county

5. Date Organized or Qualified To Do Business in Florida

11/30/98

6. FEI Number

65-0904218

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

Richie Alvaro Cooper

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

3817 Florida Ave

Suite, Apt. #, Etc.

City

miami

State

FL

Zip Code

33133

700003634377-3

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****200.00 ****200.00

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

Richie A Cooper
REGISTERED AGENT MUST SIGN

Date **1/23/2001**

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
P	Richie A. Cooper	3817 Florida Ave	miami, FL 33133
VP	Demetrius Capers	3616 Florida Ave, suite 6	miami, FL 33133

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

Richie A Cooper

Date **1/23/2001**

Daytime Phone # **(305) 446-1155**

Typed or printed name of signing Managing Member/Manager

CR2E041 (9/00)