

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
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 25 PM 11:02

DOCUMENT #

L99 000002309

1. Limited Liability Company's Name

GROVE ENERGY SYSTEMS, LLC

2. Principal Office Address

261 SW 6 STREET

Suite, Apt. #, etc.

SUITE 201

City & State

MIAMI, FL

Zip

33130

Country

USA

3. Mailing Office Address

13715 SW 18 TERRACE

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33175

Country

USA

REINSTATEMENT 2000

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

8/16/99

6. FEI Number

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$3.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

RAUL E. ARRONDO

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

13715 SW 18 TERRACE

Suite, Apt. #, Etc.

City

MIAMI,

State

FL

Zip Code

33175

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

Raul E. Arondo
REGISTERED AGENT MUST SIGN

Date OCT. 19, 2000

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
PRES.	RAUL E. ARRONDO	13715 SW 18 TERRACE	MIAMI, FL. 33175
DIRECTOR	ALICIA M. ARRONDO	13715 SW 18 TERRACE	MIAMI, FL. 33175

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

Raul E. Arondo

Date OCT. 19, 2000

Daytime Phone # (305) 854-0002

Typed or printed name of signing Managing Member/Manager

RAUL E. ARRONDO

CR2E041 (9/00)