

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS
L99000002309
02 DEC 11 AM 10:46
12/13

1. DOCUMENT # L99000002309
Name and Mailing Address

0002853 01 FP 0.352 **PRSRT TS 0 0615 33175-105815
GROVE ENERGY SYSTEMS, LLC
13715 S.W. 18TH TERRACE
MIAMI FL 33175-1058



REINSTATEMENT 2002

2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 261 S.W. 6TH STREET SUITE 201 MIAMI FL 33130		5. Date Organized or Qualified To Do Business in Florida 04/23/1999	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 65-0914825 Applied For Not Applicable	
		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent RAUL E. ARRONDO 13715 S.W. 18TH TERRACE MIAMI FL 33175		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 6500005472206 12/11/02--01061--002 **155.00 City FL Zip Code	
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10. 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 Date 12-1-02
REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
PRES	ARRONDO, RAUL E	13715 SOUTHWEST 18 TERRACE	MIAMI FL 33175
D	ARRONDO, ALICIA M	13715 S.W. 18TH TERRACE	MIAMI FL 33175
REINSTATEMENT 2002			

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 Raul E. Arondo Date 12-1-02 Daytime Phone # 305-854-0002
Typed or printed name of signing Managing Member/Manager RAUL E. ARRONDO