

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 APR - 3 31 56

DOCUMENT # *M0000000 1429*

1. Limited Liability Company's Name

GROVENOR HOUSE LLC

REINSTATEMENT

*M0000000 1429*  
*2001-2003*

200015282622  
04/03/03--01029--022 \*\*255.00

2. Principal Office Address

701 BRICKELL AVE

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

SUITE 3150

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

Zip

33129

Country

USA

Zip

Country

4. State/Country of Formation

MO

5. Date Organized or Qualified  
To Do Business in Florida

7/20/2000

6. FEI Number

36-4391161

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

CMC GROUP, INC.

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

701 BRICKELL AVE

Suite, Apt. #, Etc.

#3150

City

MIAMI

State

FL

Zip Code

33131

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

*Lester J. Miller*

Date

3-27-03

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
MGRM	MILLER, LESTER TRUSTEE	20043 NE 39TH PLACE	AVENTURA, FL 33180
MGRM	WEINER, BRUCE	19501 BISCAYNE BLVD #400	AVENTURA, FL 33180
MGRM	COLOMBO, UGO	2127 BRICKELL AVE #4000	MIAMI, FL 33129
	REINSTATEMENT	2001-2003	

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

*UGO COLOMBO*

Date 3/27/03

Daytime Phone#

305-372-0550

Typed or printed name of signing Managing Member/Manager

UGO COLOMBO

CR2E041 (10/02)