

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

2008 OCT 10 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDACORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT

1. Corporation Name Grove Haus Condominium Association, Inc.
N030000059252. Principal Office Address
2756 DAY AVENUE

Suite, Apt. #, etc.

City & State
MIAMI, FLORIDAZip
33131Country
USA3. Mailing Office Address
309 23RD STREET

Suite, Apt. #, etc.

300

City & State
MIAMI BEACH, FLZip
33139Country
USA12-28-04 0/029 011 \$1236.25
CR2E081 (12/05) 04-064. Date Incorporated or Qualified
To Do Business in Florida 07/11/2003

5. FEI Number

Applied For

☒ Not Applicable6. CERTIFICATE OF STATUS DESIRED ☒\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
LEWIS, HAROLD L ESQStreet Address (P.O. Box Number is Not Acceptable)
ONE BISCAYNE TOWERSuite, Apt. #, Etc.
SUITE 2400City
MIAMIState
FLZip Code
33131

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Date 6-21-06

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	MARTINEZ, ENRIQUE	2756 DAY AVENUE	MIAMI, FL 33131
VP	SUTCLIFFE, GEOFF	2756 DAY AVENUE	MIAMI, FL 33131
T	FILHABER, DALE	22594 LEMON TREE DR	BOCA RATON, FL 33428
D	MYERS, MELISSA	2756 DAY AVENUE	MIAMI, FL 33131
D	PASSINETI, CORI	2756 DAY AVENUE	MIAMI, FL 33131

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10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #