

# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

08 OCT 10 PM 4:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



<b>DOCUMENT # N05000005599</b> 1. Entity Name <b>GROVE MERCHANTS GROUP, INC.</b>					
Principal Place of Business <b>3109 GRAND AVENUE COCONUT GROVE, FL 33133 US</b>				Mailing Address <b>3109 GRAND AVENUE COCONUT GROVE, FL 33133 US</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>20-3978575</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>GIBBS, W. TUCKER 215 GRAND AVE COCONUT GROVE, FL 33133</b>			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$61.25</b> <b>After January 1, 2009, Fee will be \$122.50</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>CATANACH, JEFFREY D</b>	NAME			
STREET ADDRESS	<b>3109 GRAND AVENUE</b>	STREET ADDRESS	<b>200136820322</b>		
CITY-ST-ZIP	<b>COCONUT GROVE, FL 33133</b>	CITY-ST-ZIP	<b>10/10/08--01041--002 **\$1.25</b>		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>DUBIN, FELICE</b>	NAME			
STREET ADDRESS	<b>2645 S BAYSHORE DR</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>COCONUT GROVE, FL 33133</b>	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>LICATA, STEPHEN</b>	NAME			
STREET ADDRESS	<b>3015 GRAND AVE</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>COCONUT GROVE, FL 33133</b>	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <b>JEFFREY D. CATANACH</b>		<b>10/8/08</b> <b>305-445-6665</b> <small>Date Daytime Phone #</small>			

10/10