2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N05000007320 1. Entity Name GROVE TOWNHOUSES AT BIRD CONDOMINIUM ASSOCIATION, INC.						FILED 07 JUN 28 PM 2: 17				
Principal Plac C/O G&T DEV 23420 MIRA BOCA RATON	/ELOPERS LI Bella Cir	.c	Mailing Address C/O G&T DEVELOPERS LLC 23420 MIRABELLA CIR BOCA RATON, FL 33433			1917: MANY 11811: 2811: 2811	A HE, FLO	mi e: el (es).		
	Tace of Busin	ess - No P.O. Box #	3. Mailing Address 3056 Bird Avenue			1 1154 1157 115 1151 1151 1151 1151 1151	MIN BANI BANI BANI 4411			
Suite, Apt. #, etc. Unit D			Suite, Apt. #, etc. Unit D			0604217	N-NP	(1/07)	6-0	
City & State Miami, FL			City & State Miami, FL			4. FEI Number			plied For ot Applicable	
7in	· · · · · · · · · · · · · · · · · · ·		Zip 33133 Country U		ry USA	5. Certificate of Sta	atus Desired [\$8.75 Add		
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent					
VALDES-FAULI CORPORATE SERVICES, INC. 777 S FLAGLER DR STE 500E					Name James D. DiLorenzo Street Address (P.O. Box Number is Not Acceptable)					
W PALM B	BCH, FL 3	3401	3056 Rin			rd Avenue, Unit [Avenue Unit D			
					City Zip Code					
8. The above named entity submits this startement for the purpose of changing its registered office or re							the State of Florida	<u> </u>		
the obligations of registered agent.										
SIGNATURE Signature, typed or printed fame of registered spontaring tay updatastive. (NOTE: Registered Agent signature required when relinstiting) DATE										
Signature, typed or printed farme of registered agent part by (population). (NOTE: Registered Agent signature required when recreating) Make check payable to										
FILE NOW!!! FEE IS \$297.50								Department of St		
10.	T ==	OFFICERS AND DIR		11.	PD	ADDITIONS/CHANGE	S TO OFFICERS A			
TITLE NAME	PD GONZALE	EZ, RODOLFO E	✓ Delete	TITLE NAME	1	nes D. DiLorenzo	1	☐ Change	✓ Addition	
STREET ADDRESS CITY-ST-ZIP	23420 MIRABELLA CIR SC STI			STREET A		66 Bird Avenue, U	Jnit D			
TITLE	SD	TON, PL 33433	☑ Delete	TILE	Mia	mi, FL 33133		☐ Change	✓ Addition	
NAME	LE MARESQUIER, NICOLAS		NAME	ADDRESS (900	10565	4729	1000 .00.		
STREET ADDRESS CITY-ST-ZIP	4197 LAUREL RIDGE CIR WESTON, FL 33331			CITY-ST	1	01705701	01054)08 ** 297.	50	
TITLE	TD	NOW LIGHTE	☑ Delete	TITLE	/	17/1		☐ Change	✓ Addition	
NAME STREET ADDRESS	1	VSKY, LISETTE 82ND TERR #621		name Street /	ADDRESS \	D 4128			l	
CITY-ST-ZIP	PLANTAT	ION, FL 33324		CITY-ST	r-ZIP	, ,,				
TITLE NAME	i		Delete	TITLE NAME				☐ Change	Addition	
STREET ADDRESS	ı									
					ADORESS					
CITY-ST-ZIP			Delete	STREET /				Change	☐ Addition	
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CITY-ST-ZIP			☐ Delete	CITY-ST TITLE NAME	7-ZIP ADDRESS			☐ Change	☐ Addition	
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	carlifu that the	e information supplied with	☐ Delicte	CITY-ST TITLE NAME STREET / CITY-ST TITLE NAME STREET / CITY-ST	ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP	ined in Chapter 119 Fig	orida Statutes I tur	☐ Change	☐ Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	certify that the	e information supplied with t or supplemental report is te receiver or trustee empo	☐ Delicte	CITY-ST TITLE NAME STREET / CITY-ST TITLE NAME STREET / CITY-ST	ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP	ined in Chapter 119, Flores same legal effect as its 517, Florida Statutes; an	orida Statutes. I fur I made under oath d that my name ap	☐ Change	☐ Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	certify that the on this report or or on an atta	e information supplied with t or supplemental report is ne receiver or trustel empor comment with an address, w	☐ Delicte	CITY-ST TITLE NAME STREET / CITY-ST TITLE NAME STREET / CITY-ST	ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP	ined in Chapter 119, Flore same legal effect as it 617, Florida Statutes; an	orida Statutes. I fur I made under oath d that my name ap	☐ Change	☐ Addition	