

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N44996**

1. Corporation Name

GROVE COVE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

3119 B MARY ST
MIAMI FL 33133
US

Mailing Address

3119 B MARY ST
MIAMI FL 33133
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3115 Mary St
Suite, Apt. #, etc. #A

City & State
Miami, FL

Zip 33133 Country USA

3. New Mailing Office Address, If Applicable

3115 Mary St
Suite, Apt. #, etc. #A

City & State
Miami, FL

Zip 33133 Country USA

4. Date Incorporated or Qualified
To Do Business in Florida

09/05/1991

5. FEI Number

65-0358663

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
<u>D</u>	<u>BALAN, CINDY</u>	<u>3119 B MARY ST</u>	<u>MIAMI FL</u>
<u>D</u>	<u>ROSEN, DREW</u>	<u>3115-A MARY ST</u>	<u>MIAMI FL 33133</u>
<u>D</u>	<u>BERSTEIN, HAROLD</u>	<u>3102 JACKSON AVE</u>	<u>MIAMI FL</u>
<u>D</u>	<u>Atkins, Lance</u>	<u>3123-B Mary St</u>	<u>Miami, FL 33133</u>
<u>D</u>	<u>Ferry, William</u>	<u>3115-A Mary St</u>	<u>Miami, FL 33133</u>
			<u>000003483770--8</u> <u>-12/04/00--01006--001</u>

8. Name and Address of Current Registered Agent

BALAKAR, SUSAN P PA
1152 N UNIVERSITY DR
STE 201
PEMBROKE PIENS FL 33024

9. Name and Address of New Registered Agent

Name Drew Rosen
Street Address (P.O. Box Number is Not Acceptable)
3115 Mary St #A
Suite, Apt. #, Etc. A
City Miami State FL Zip Code 33133

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10/2/2000

11. 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 under section 119.07(3)(i), 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/2/2000

Daytime Phone #

FILED

00 NOV -1 PM 2: 00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08-17-00-90106 030 \$70.00



REINSTATEMENT 00