

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 DEC 23 PM 1:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N44996**

1. Corporation Name

Grove Cove Condominium Association, Inc.

2. Principal Office Address

3123-A Mary ST
Suite, Apt. #, etc.

3. Mailing Office Address

3123-A Mary ST
Suite, Apt. #, etc.

City & State

Coconut Grove FL
Zip **33133** Country **USA**

City & State

Coconut Grove FL
Zip **33133** Country **USA**

4. Date Incorporated or Qualified
To Do Business in Florida

9-05-1991

5. FEI Number

650358663

Applied For

Not Applicable

6. CERTIFICATE OF STATUS REQUIRED

NO \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Felix Viacente

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

3123 Mary ST

Suite, Apt. #, Etc.

A

City

Coconut Grove

State

FL

Zip Code

33133

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

Felix Viacente

Date

12/16/03

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	Felix Viacente	3123-A Mary ST	Coconut Grove FL 33133
S.T.	Karen McKenna	3123-B Mary ST	Coconut Grove FL 33133
D.	Anita Gumberg	1 Grove Isle Drive #608	Coconut Grove FL 33133
D.	William Furry	3115 Mary ST Unit B	Coconut Grove FL
D	William Furry	2699 SW 17 Ave	Coconut Grove FL 33133
D	Marissa Suarez	3117 Mary ST	Coconut Grove FL 33133

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 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:

Felix Viacente

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/16/03
Date

490 0240
305 4157
Daytime Phone #

CR2E081 (10/02)