PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
16 FEB 26 AM 10:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000002639

CR2E081 (11/10)

1. Corporation Name

Med Grove Condominium Association Inc

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
3280 Matilda St		3280 Matilda St	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Miami, FL		Miami, FL	
Zip	Country	Zip	Country
33133	USA	33133	USA

4. Date Incorporated or Qualified To Do Business in Florida
26 May 1998

5. FEI Number — Applied For [ ] Not Applicable [X]

6. CERTIFICATE OF STATUS DESIRED — $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Lawrence Cole

Street Address (P.O. Box Number is Not Acceptable)
3280 Matilda St

Suite, Apt. #, Etc.

City	State	Zip Code
Miami, FL	FL	33133

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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 Lawrence S Cole Date 23/2/16

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
President	Eric Fernandez	7135 SW 76 St	Miami, FL 33143
VP	Lawrence Cole	3280 Matilda St	Miami, FL 33133

S. HAWKES
FEB 29 A.M.
EXAMINER

10. **E-mail Address:** larrycole30@hotmail.com
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Lawrence S Cole 23/2/16 305-323-1963