PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
00 FEB 15 AM 8:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000005708

1. Corporation Name

GROVE CORNERS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
~~14121 S.W. 92ND AVENUE~~ ~~MIAMI FL 33176~~	~~14121 S.W. 92ND AVENUE~~ ~~MIAMI FL 33176~~

REINSTATEMENT 99-00

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

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
3088 Mary Street	3088 Mary Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, Florida	City & State: Miami, Florida
Zip: 33133 Country:	Zip: 33133 Country:

4. Date Incorporated or Qualified To Do Business in Florida: 10/06/1998

5. FEI Number: X Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED: X

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	City / State / Zip
PD	Le Quinne Ferebee	3088 Mary Street	Miami, Florida 33133
S/T/D	Al Harper	3086 Mary Street	Miami, Florida 33133
D	JASON FREED	13115 Biscayne Bay Terr.	No. Miami, FL 33181

400003145464--4
-02/24/00--01004--029
****297.50 ****297.50

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
~~GARCIA, JESUS~~ ~~14121 S.W. 92ND AVENUE~~ ~~MIAMI FL 33176~~	Name: Le Quinne Ferebee Street Address (P.O. Box Number is Not Acceptable): 3088 Mary Street Suite, Apt. #, Etc.: 400003145464--4 -02/24/00--01004--030 City: Miami ******8.75 State: FL Zip Code: 33133 ******8.75

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: Le Quinne Ferebee
REGISTERED AGENT MUST SIGN

Date: 29 Jan 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.

KE

SIGNATURE: Alfred J. Harper
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

29 Jan 00
Date

Daytime Phone #