## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATIO	N
FOR	
REINSTATEME	N



## FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State DIVISION OF CORPORATIONS

P00000059735 DOCUMENT #

1. Corporation Name

GROVE PALACE ENTERPRISES, INC.

Principal Place of Business

Mailing Address

25 SE P AVENUE SUITE 730

25 SE 2ND AVENUE SUITE 720 -

MIAMI-FL-33131-

FILED

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TALLAHASSEE, FLORIDA



lf abosa a	addresses are incorrect in any way, line thr	ough incorrect in	nformation and enter	correction below.	REM	TATEME	NT 02	
2. New Principal Office Address, If Applicable  2665 S. DAYSHORE DE. 3. New Mailing Office Address. DA.		ng Office Address, If 5. DAy6 HOP	Applicable		orated or Qualified ness in Florida	06/20/2000	-	
Suite, Apt.	<u>0</u>	Suite, Apt. #,			5. FEI Numbe	APPLIED FOR	Applied For Not Applicab	le
Zip FL	_ 33133 Country USA	Zip 33	133 Countr	<u>δΑ</u>	CERTIFICATE	F OF STATUS DESIRED	\$8.75 Additional Fee requi for a Certificate of Statu	
7. Names	and Street Addresses of Each Officer and/	or Director (Flo	rida nonprofit corpora	ations must list at le	east 3 directors)			
Title(s) 1	Name of Officers and/or Directors			eet Address of Eac ficer and/or Directo		City	/ State / Zip	
<del>-0-</del>	-GRAYSON, MOISES-T		-25 SE 2ND AVE	NUE SUITE 730		-MIAMI-FL 33131-		
マ	D EVENJA RODRÍGUEZ		2665 Sou	ITH BAYSHO	DE DE#1100	MiAMI, FL	33133	7
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		·	W.	Miles	06 110	(02 00460 C	024 550.00	
			- 4	7	6- <b>4</b> 1'	10013	024 330.00	
Name and Address of Current Registered Agent				9. Name and	L Address of New Register	ed Agent	ᅱ	
BRAY	<del>SON, MOISES T</del>	· ·				ODRIGUEZ		
25 SE 2ND AVENUE SUITE 730  MIAMI FL 33131  Suit			I	(P.O. Box Number	is Not Acceptable)	<u> </u>		
			2065 Suite, Apt. #, Etc.		nove de, s	DUITE 1100		
				City		S	tate Zip Code L 33133.	
10. I, being	appointed the registered agent of the abo	ve named corpo	oration, am familiar wi	th and accept the o	obligations of Secti	on 607.0505, F.S. or 617.0		

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 of Registered Agent

REGISTERED AGENT MUST SIGN

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## Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

EIN	

001) easury OMB No. 1545-0003 See separate instructions for each line. ► Keep a copy for your records. 1 Legal name of entity (or individual) for whom the EIN is being requested Grove Palace Enterprises, Inc. print clearly Trade name of business (if different from name on line 1) 3 Executor, trustee, "care of" name 4a Mailing address (room, apt., suite no. and street, or P.O. box.) 5a Street address (if different) (Do not enter a P.O. box.) 2665 South Bayshore Dr. Suite 1100 4b City, state, and ZIP code 5b City, state, and ZIP code ö Miami, FL 33133 County and state where principal business is located Dade County, Florida. 7a Name of principal officer, general partner, grantor, owner, or trustor 7b SSN, ITIN, or EIN 8a Type of entity (check only one box) ☐ Estate (SSN of decedent) . ☐ Sole proprietor (SSN) \_\_\_ ☐ Plan administrator (SSN) ☐ Partnership ☐ Trust (SSN of grantor) Corporation (enter form number to be filed) National Guard State/local government Personal service corp. ☐ Farmers' cooperative ☐ Federal government/military ☐ Church or church-controlled organization REMIC ☐ Indian tribal governments/enterprises ☐ Other nonprofit organization (specify) ▶ Group Exemption Number (GEN) ▶ ☐ Other (specify) ▶ If a corporation, name the state or foreign country State Foreign country (if applicable) where incorporated Florida Reason for applying (check only one box) Banking purpose (specify purpose) ▶ ✓ Started new business (specify type) ► Developing Changed type of organization (specify new type) ▶ \_\_\_ Purchased going business Hired employees (Check the box and see line 12.) ☐ Created a trust (specify type) ► Compliance with IRS withholding regulations Created a pension plan (specify type) ▶ ☐ Other (specify) ► 10 Date business started or acquired (month, day, year) 11 Closing month of accounting year December First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will 12 first be paid to nonresident alien. (month, day, year) Highest number of employees expected in the next 12 months. Note: If the applicant does not 13 Agricultural Household Other expect to have any employees during the period, enter "-0-." Check one box that best describes the principal activity of your business. 

Health care & social assistance 
Wholesale-agent/broker 14 ☐ Construction ☐ Rental & leasing ☐ Transportation & warehousing ☐ Accommodation & food service ☐ Wholesale-other Real estate ■ Manufacturing Finance & insurance Other (specify) Indicate principal line of merchandise sold; specific construction work done; produced; or services provided. 15 **Real Estate** Has the applicant ever applied for an employer identification number for this or any other business? 16a ✓ No Note: If "Yes," please complete lines 16b, and 16c. If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above. 16b Legal name ▶ Trade name > Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known. Approximate date when filed (mo., day, year) | City and state where filed Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form. Designee's name Third Designee's telephone number (include area code) **Javier Matta** Party ( 305 ) 8600116 Designee Address and ZIP code Designee's fax number (include area code) 2665 South Bayshore Dr, Suite 1100, Miami, FL 33133 (305)8609401 Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete. Applicant's telephone number (include area code) Name and title (type or print clearly) > Evelyn Rodriguez - Director (305)860 OHG Applicant's fax number (include area code) (305) 860 9401

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 16055N

Form SS-4 (Rev. 12-2001)