

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
01 OCT 11 AM 11:43
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 700000107465

1. Corporation Name

GROVE-ALEXANDER, INC.

2. Principal Office Address

6282 Miller Drive

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33155

Country

U.S.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

65-1056586

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

FERNANDEZ, ALEX

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

6282 Miller Drive

Suite, Apt. #, Etc.

City

Miami

State
FL

Zip Code
33155

REINSTATEMENT

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 10/10/01

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
PD	Fernandez, Alex	6282 Miller Drive	Miami, Florida 33155
			300004641703--3
			-10/18/01--01050--015
			***758.75 ***758.75

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:

[Signature]

Alex Fernandez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/10/01

Date

(305) 595-2300

Daytime Phone #

CR2001 (2/00)