

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 17 AM 8:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000046609

1. Corporation Name

GROVITE PROPERTIES, INC.

Principal Place of Business

Mailing Address

3173 SHIPPING AVENUE
COCONUT GROVE FL 33133

3173 SHIPPING AVENUE
COCONUT GROVE FL 33133



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

4. Date Incorporated or Qualified
To Do Business in Florida

04/29/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

02-0608133

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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	4 City / State / Zip
P	GOTTLIEB, HARRY E	3173 SHIPPING AVENUE	COCONUT GROVE FL 33133

100023914631
10/17/03--01089--001 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GOTTLIEB, HARRY E
3173 SHIPPING AVENUE
COCONUT GROVE FL 33133

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

Harry E. Gottlieb
REGISTERED AGENT MUST SIGN

Date

10-14-03

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:

Harry E. Gottlieb
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-14-03

Daytime Phone #

CR2040 (7/03)

LORETTA FABRICANT C.P.A. P.A.



October 14, 2003

Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

Re: Grovite Properties, Inc.
FEIN 02-0608133

To Whom It May Concern:

We are requesting the one-time abatement of the reinstatement penalties. Our client above was unaware and we failed to remind him of the due date of his uniform business report. He was out of the country and recently returned to find his notice of dissolution.

Enclosed please find his application for reinstatement as well as his check for \$150. Please reinstate this corporation at your earliest convenience.

If you have any questions or if we can be of assistance in any way, please do not hesitate to call.

Regards,

Stacy Sand, CPA