


2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000041194			
1. Entity Name GROVE ONE REALTY, INC.			
Principal Place of Business 7395 SW 154 TER MIAMI, FL 33157		Mailing Address GUY MITCHELL PO BOX 56-5335 PINECREST, FL 33256	
2. Principal Place of Business		3. Mailing Address 3420 BIRD AVE.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State MIAMI - FL	
Zip	Country	Zip	Country
33133	USA	33133	USA
4. PER Number 201830477		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent M & W AGENTS, INC. 2101 CORPORATE BLVD STE 107 BOCA RATON, FL 33431		7. Name and Address of New Registered Agent Name: Street Address (P.O. Box Number is Not Acceptable) City: FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <u>DONALD R. TESCHER PRES.</u>		DATE <u>12/17/04</u>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$750.00 After January 1, 2005, Fee will be \$900.00			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		P MITCHELL, GUY 3420 BIRD AVE. MIAMI - FL - 33133	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		600043016056 11/30/04--61040--004 #4200.00 09/09/04 90002 032 \$550.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Guy Mitchell</u>		DATE <u>11/22/04</u> (305) 443-4444	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

FILED

04 DEC 22 AM 9:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

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