

2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 APR 17 AM 8:50

DOCUMENT # P03000088749

1. Entity Name
P. & H. GROVE ENTERPRISE INC.



Principal Place of Business
2922 SW 26 ST
MIAMI, FL 33133

Mailing Address
2922 SW 26 ST
MIAMI, FL 33133



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04142008 REIN-P CR2E098 (1/07)

4. FEI Number
20-0186684

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PUCH, DORIS
2922 SW 26 ST
MIAMI, FL 33133

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME PUCH, DORIS
STREET ADDRESS 2922 SW 26 ST
CITY-ST-ZIP MIAMI, FL 33133

TITLE V ☐ Delete
NAME PUCH, ROLANDO
STREET ADDRESS 2922 SW 26 ST
CITY-ST-ZIP MIAMI, FL 33133

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition
000123933930
04/17/08--01049--011 **300.00

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition
B4/18/08
REINSTATEMENT 07-08

☐ Change ☐ Addition

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/14/08

Date

305/444-2898

Daytime Phone #