PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2008 MAY 19 AM 8:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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05/19/08--01006--013 **1050.00

CR2E081 (12/07)

DOCUMENT # P04000111228

**1.** Corporation Name
Unit 803 Grovenor House Corp.

| **2.** Principal Office Address - No P.O. Box # | | **3.** Mailing Office Address | |
|---|---|---|---|
| 901 Ponce de Leon Blvd. | | 901 Ponce de Leon Blvd. | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| 603 | | 603 | |
| City & State | | City & State | |
| Coral Gables, FL. | | Coral Gables, FL. | |
| Zip | Country | Zip | Country |
| 33134 | USA | 33134 | USA |

**4.** Date Incorporated or Qualified To Do Business in Florida: July 28, 2004

**5.** FEI Number: ☑ 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: William H. Albornoz, ESQ.
Street Address (P.O. Box Number is Not Acceptable): 901 Ponce de Leon Blvd.
Suite, Apt. #, Etc.: Suite 603
City: Coral Gables, FL. State: FL Zip Code: 33134

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

**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: William H. Albornoz Date: 1/31/08
REGISTERED AGENT MUST SIGN

**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 |
|---|---|---|---|
| D | Cosme Torrado | 901 Ponce de Leon Blvd., Ste. 603 | Coral Gables, FL. 33134 |
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REINSTATEMENT 06-08

**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 contained in Chapter 119, 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:** Cosme Torrado 1/31/08 (305)444-1741
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #