PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. APPROVEU FLORIDA DEPARTMENT OF STATE **APPLICATION** Sandra B. Mortham **FOR** Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS 97 NOV 21 PM 2: 18 P94000018078 DOCUMENT # SECRETARY OF STATE TALLAHASSEE, FLORIDA 1. Corporation Name **GROVE GRILLE, INC.** Mailing Address Principal Place of Business 3015 GRAND AVE 2665 S. BAYSHOR DRIVE STE 310 SUITE 302 MIAMI FL 33133 COCONUT GROVE FL 33133 REINSTATEMENT 92 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 Date incorporated or Qualified
To Do Business in Florida 03/09/1994 Suite, Apt. #, etc. Sulte, Apt. #, etc. 5. FEI Number Applied For 65-0477084 City & State City & State Not Applicable \$8.75 Additional Fee required for a Certificate of Status Country Country CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) Name of Officers and/or Directors City / State / Zip Title(s) OCCE S. BAYCHOR DRIVE STIFE 202 COCONUT GROVP-FI JEAN MARL MEUNIER BP ERIL FAZILLEAU 2665 S. Bayshove & Swite 302 2165 S. Boyshore Dr Snite 302 Coconnt Grove, FL 2165 S. Bayshore D. Snite 302 Coconnt Grove, FL ANDREW KWIAT ST VP ANDRE LENTINI 8. Name and Address of Current Registered Agent BÍONDO, GERALD J 25 S.E. 2ND AVE. Bayshore D-SUITE 900 **MIAMI FL 33131** State Zip Code Coconut Grove 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 Signature of Registered Agent RÉGISTERED AGENT MUST SIGN 11. This corporation owes or has paid the current year (See other side for Information on Intangible tax.) Intangible Personal Property tax due June 30. Yes 12. | certify that | 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: