PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED FLORIDA DEPARTMENT OF STATE **APPLICATION** Sandra B. Mortham 97 MAR -5 AM 10: 20 **FOR** Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS DOCUMENT # 1. Corporation Name GROVER CONSULTING CORP. Principal Place of Business Mailing Address 1A SOUTHPORT LANE REINSTATEMENT 90-9-1 BOYNTON BEACH, FL 33436 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 11/28/95 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For City & State City & State 65-0643155 Not Applicable \$8.75 Additional Fee required Żφ Country Žip Country CERTIFICATE OF STATUS DESIRED 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) Name of Officers Street Address of Each Officer and/or Director
(Do NOT Use Post Office Box Numbers) and/or Directors City / State / Zip Title(s) PRES. ROY GROVER 1A SOUTHPORT LANE BOYNTON BEACH, FL 33436 800002107808---6 -03/10/97--01004--001 ****915.00 ****915.00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) ROY GROVER IA SOUTHPORT LANE Suite, Apt. #, Etc. BOYNTON BEACH, FL 33436 Zip Code State 10. I, being appointed the redistered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent (1.6) REGISTERED AGENT MUST SIGN 11. Does this corporation pay any intangible tax to the (See other side for information Yes XX on intangible tax.) Dept. of Revenue under S. 199.032, Florida Statutes. Noi 12. Learlify 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 filling 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

ROY GROVER

Daytime Phone #

YPEO OR PRINTED NAME OF SIGNIF' DIFFICER OR DIRECTOR

SIGNATURE: