

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS



APPROVED  
AND  
FILED

98 DEC 30 AM 9:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000085152 (2)

1. Corporation Name

GROVEMARK, INC.

Principal Place of Business

Mailing Address

5904 San Vicente Street  
Coral Gables, Florida 33146

Same

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

10/10/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0708381

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	MACHADO, JOSE M.	5904 San Vicente Street	Coral Gables, FI 33146
D	DE LA IGLESIA, DANIEL A.	5904 San Vicente Street	Coral Gables, FI 33146

6000002730126--0  
-01/05/99--01033--008  
\*\*\*\*750.00 \*\*\*\*750.00

12-30-98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DE LA IGLESIA, DANIEL A.  
5904 San Vicente Street  
Coral Gables, FI 33146

Name

MARCO DE LA CAL, ESQUIRE

Street Address (P.O. Box Number is Not Acceptable)

999 Ponce De Leon Boulevard

Suite, Apt. #, Etc.

Suite 720

City

Coral Gables

State

FL

Zip Code

33134

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

Marco De la Cal REGISTERED AGENT MUST SIGN

Date 12/29/98

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for information  
on intangible tax.)

12. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
DANIEL A. DE LA IGLESIA

12/21/98

Date

(305) 785-4772

Daytime Phone #