

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P97000008214

1. Corporation Name

Grove Grill II, Inc.

99 MAY 28 PM 1:16

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

Principal Place of Business

3015 Grand Avenue Suite 320
Coconut Grove, FL 33133

Mailing Address

2665 S Bayshore Drive
Suite 302
Coconut Grove, FL 33133

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

REINSTATEMENT 98-99

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

1/28/97

5. FEI Number

65-0792808

Applied For

Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DP	Eric Fazilleau	2665 S Bayshore Dr Suite 302	Coconut Grove, Florida 33133
DV	Jean Marc Meunier	2665 S Bayshore Dr Suite 302	Coconut Grove, Florida 33133
V	Andre Lentini	2665 S Bayshore Dr Suite 302	Coconut Grove, Florida 33133
ST	Andrew Kwiat	2665 S Bayshore Dr Suite 302	Coconut Grove, Florida 33133

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8. Name and Address of Current Registered Agent

De Armas, J Alfredo
255 University Drive
Coral Gables, FL 33134

9. Name and Address of New Registered Agent

Name
Andrew Kwiat
Street Address (P.O. Box Number is Not Acceptable)
2665 S Bayshore Dr Suite 302
Suite, Apt. #, Etc.
302
City
Coconut Grove
State
FL
Zip Code
33133

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

REGISTERED AGENT MUST SIGN

Date

5/17/99

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

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

5/17/99
Date

305 858 7799
Daytime Phone #

CR2008 (12/98)