

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 OCT 31 PM 5:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000008214

1. Corporation Name

GROVE GRILL II, INC.

Principal Place of Business

Mailing Address

3015 GRAND AVENUE
SUITE 320
COCONUT GROVE FL 33133

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.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/28/1997

5. FEI Number

65-0742808

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	4
DP	FAZILLEAU, ERIC	2665 S. BAYSHORE DRIVE, STE. 302	COCONUT GROVE FL 33133
DV	MEUNIER, JEAN MARC	2665 S. BAYSHORE DRIVE, STE. 302	COCONUT GROVE FL 33133
V	LENTINI, ANDRE	2665 S. BAYSHORE DRIVE, STE. 302	COCONUT GROVE FL 33133
ST	KWIAT, ANDREW	2665 S. BAYSHORE DRIVE, STE. 302	COCONUT GROVE FL 33133

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KWIAT, ANDREW
2665 S. BAYSHORE DRIVE
SUITE 302
COCONUT GROVE FL 33133

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/30/00

11. 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/30/00
Date

305 538 0135
Daytime Phone #