

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 APR 11 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # Pg 7000093264

1. Corporation Name

300 Grove Professional, Inc.

REINSTATEMENT

2002+2003

03/14/03 01033001
900014084 689 RR 4/18

2. Principal Office Address

2950 S.W. 27th Avenue

3. Mailing Office Address

2950 S.W. 27th Avenue

Suite, Apt. #, etc.

Suite 300

Suite, Apt. #, etc.

Suite 300

City & State

Miami

City & State

Miami

Zip

FL

Country

33133

Zip

FL

Country

33133

4. Date Incorporated or Qualified
To Do Business in Florida

10/29/1997

5. FEI Number

65-0796211

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Scott W. Leeds, Esq.

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

2950 S.W. 27th Avenue

Suite, Apt. #, Etc.

Suite 300

City

Miami

State

FL

Zip Code

33133

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Scott W. Leeds
REGISTERED AGENT MUST SIGN

Date 4/10/2003

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P,D	Scott W. Leeds	9990 S.W. 90 Avenue	Miami, FL 33176

10. 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:

Scott W. Leeds

Scott W. Leeds

4/10/2003

305-567-1200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)