PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
01 MAY -9 AM 9:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000095419

1. Corporation Name
A604 Grove Isle Corp.

2. Principal Office Address	**3.** Mailing Office Address
1 Grove Isle Drive	c/o Verdeja & Gravier
Suite, Apt. #, etc. UNIT A-604	Suite, Apt. #, etc. 150 Alhambra Circle
City & State Miami Florida	City & State Coral Gables, Florida (Suite 800) 33134
Zip 33133 Country USA	Zip 33134 Country USA

REINSTATEMENT 99-01

4. Date Incorporated or Qualified To Do Business in Florida **SP**

5. FEI Number ☒ 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: IGNACIO ZULUETA

900.00-Adm
61.25-AR
~~88.75-Assupp~~

Street Address (P.O. Box Number is Not Acceptable): 6255 Bird Road

Suite, Apt. #, Etc.: Miami

City: Florida | State: FL | Zip Code: 33155

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 _____ Date 4/24/2001

REGISTERED AGENT MUST SIGN

CR2E081 (9/00)

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
D, P	IGNACIO G. ZULUETA	6255 Bird Road, Miami, Fl.	33155
			200004342042--9 -06/05/01--01074--007 ***1050.00 ***1050.00

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: _____ 4/24/2001 (305)669-8845
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #