PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	PORATION			TO THE STATE OF TH	A DEPART Secretary Vision of C	y of St		(FILED 07 OCT -1 PM 4: 37		
DOCUMENT # P98000103828 1. Corporation Name							UEUKETÄRT OF STATE TALLAHASSEE, FLORIDA				
Th	e G	ro	tto, l	nc.				i.			
2. Principal Office Address - No P.O. Box# 2012 San Marco Blvd.				3. Mailing	3. Mailing Office Address				ISTATEMENT 03-0		
Suite, Apt. #	f, etc.		Suite, Apt.	Suite, Apt. #, etc.				porated or Qualified 12/14/1998			
City & State Jacksonville				City & State	City & State				5-59-3546380 Applied For Not Applicable		
^{Zip} 3220	32207 Country U.S.A.			Zip		Count	try	6.	OF STATUS DESIRED \$8.75 Additional Fee require for a Certificate of Status		
		7. Na	me and Addres	s of Current Reg	jistered Age	nt			- 		
Mitchel E. Woodlief							The reinstatement fee is imposed, except in circumstances which the entity did not receive				
Street Address (P.O. Box Number is Not Acceptable) 2/25 East Church Street								the prior notices. By checking this box, you			
Suite, Apt. #, Etc.							are certifying the prior notices were not received and requesting the reinstatement				
Jäcksonville						FL 32202			fee be waived.		
8. I, being	appointed the	registe	red agent of the	above named cor	poration, am	familiar	with and accept the	obligations of secti	on 607.0505 or 617.0503, F.S.		
Signature of Registered Agent REGISTERED AGENT MUST SIGN							Date 8/8/2007				
9. Names	s and Street Ad	idresse	s of Each Officer	and/or Director (Florida nonpr	ofit corp	orations must list at	least 3 directors)			
Titles	Name of Officers and/or Directors			ors	Street Address of Ea Officer and/or Direct				City / State / Zip		
P/D	Charles R Munsey II			y III	III 2012 San Marco E			Blvd.	Jacksonville, FL 32207		
Vp/D	Mitche	el E	Woodii	ef	225 East Church S			Street	Jacksonville, FL 32202		
	10/3					4: 08/05			0107609794 0701026009 **1350.00		
this re owed	instatement ap by the corpora s application is	oplication tion hav	n, the reason for e been paid and	dissolution has be the names of indi my signature shall	een eliminate ividuals listed I have the sar	d, the co on this f ne legal	rporate name satisfi orm do not qualify fo effect as if made un E Woodlief	ies the requirement or an exemption cor der oath.	apter 607 or 617, F.S. I further certify that when filling s of section 607,0401 or 617,0401, F.S., that all fees ntained in Chapter 119, F.S. The information indicated 2007 904-353-7511 Date Daytime Phone #		