

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 NOV -7 PM 1:21

1. DOCUMENT # L01000016855  
Name and Mailing Address

0010456 01 AT 0.292 \*\*AUTO HB 0 0615 33896-655510



GRAMMA'S CUTTERS L.C.  
610 VIA BIANCA DRIVE  
DAVENPORT FL 33896-6555



2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 610 VIA BIANCA DRIVE DAVENPORT FL 33896		5. Date Organized or Qualified To Do Business in Florida 10/01/2001	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 65-1145576	Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$5.00 Additional Fee required for a Certificate of Status

CR2E094 (7/03)

8. Name and Address of Current Registered Agent GRENO, CARRIE P 610 VIA BIANCA DRIVE DAVENPORT FL 33896		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent *Carrie Greno* **SIGNATURE REQUIRED** Date 11/3/03  
REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	GRENO, CARRIE P	810 VIA BIANCA DR	DAVENPORT FL 33896

800024516098  
11/07/03--01072--015 \*\*150.00

**REINSTATEMENT** -03  
*dca*

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager *Carrie Greno* **SIGNATURE REQUIRED** Date 11/3/03 Daytime Phone # 818-482-4139

Typed or printed name of signing Managing Member/Manager \_\_\_\_\_