

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

12 JUN -8 PM 12: 12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # LD9000029104

1. Limited Liability Company's Name

Saving Grace Moving, LLC

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #
1503 South US Hwy 301

Suite, Apt. #, etc.

3. Mailing Office Address
1503 S US Hwy 301

Suite, Apt. #, etc.

City & State
Tampa FL

Zip
33619 Country
USA

City & State
Tampa FL

Zip
33619 Country
USA

4. State/Country of Formation
Florida

5. Date Organized or Qualified To Do Business in Florida
3/5/2009

6. FEI Number
26-4682940

Applied For
 Not Applicable

7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
Jason Spomer

Street Address (P.O. Box Number is Not Acceptable)
1503 South US Hwy 301

Suite, Apt. #, Etc.

City
Tampa State
FL Zip Code
33619

E-mail Address:

400236084134
06/08/12--01030--020 **516.25

Sales@Savinggracemoving.com
(To be used for future annual report notices)

9. 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 [Signature] Date 6/5/2012

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

| Titles | Name of Managing Members/Managers | Street Address of Each Managing Member/Manager | City / State / Zip |
|------------|-----------------------------------|--|------------------------|
| <u>MGR</u> | <u>Jason D Spomer</u> | <u>1503 South US Hwy 301</u> | <u>Tampa, FL 33619</u> |

JUN 15 2012
L. SELLERS

REINSTATEMENT 10-12

11. 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager [Signature] Date 6/5/2012 Daytime Phone # 813.367.7072

Typed or printed name of signing Managing Member/Manager