

L 000000006717

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



LIMITED LIABILITY COMPANY REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

SECRETARY OF STATE
 DIVISION OF CORPORATIONS

03 JAN -8 PM 1:54

DOCUMENT # L00000006717
 1. Limited Liability Company's Name

Carol L. Gregg, LLC

REINSTATEMENT 2001-2003

2. Principal Office Address 706 North Ride Suite, Apt. #, etc.		3. Mailing Office Address 706 North Ride Suite, Apt. #, etc.	
City & State Tallahassee, Florida		City & State Tallahassee, Florida	
Zip 32303	Country USA	Zip 32303	Country USA

4. State/Country of Formation Florida/USA	
5. Date Organized or Qualified To Do Business in Florida June 9, 2000	
6. FEI Number [REDACTED]	Applied For <input checked="" type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name Carol L. Gregg		
Street Address (P.O. Box Number is Not Acceptable) 706 North Ride		
Suite, Apt. #, Etc.		
City Tallahassee	State FL	Zip Code 32303

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 Carol L. Gregg Date 1-8-03
 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
MGR	Carol L. Gregg	706 North Ride	Tallahassee, Florida 32303

REINSTATEMENT 2001-2003

900009948159
 01/08/03--01021--003 **250.00
 900009948159
 01/08/03--01029--001 **5.00

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.

Signature of Managing Member/Manager Carol L. Gregg Date 1/8/03 Daytime Phone# 850-488-3357
 Typed or printed name of signing Managing Member/Manager Carol L. Gregg

CR2E041 (10/02)