

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY
COMPANY
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L00000015751

1. Limited Liability Company's Name

Graham Stores, L.C.

REINSTATEMENT

2002-
2004

2. Principal Office Address

719 Glengarry Drive

3. Mailing Office Address

719 Glengarry Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Melbourne, FL

City & State

Melbourne, FL

Zip

32940

Country

USA

Zip

32940

Country

USA

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified

To Do Business in Florida 12/19/2000

6. FEI Number

65-1070644

Applicable 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

David L. Graham

Street Address (P.O. Box Number is Not Acceptable)

719 Glengarry Drive

Suite, Apt. #, Etc.

City

Melbourne,

State
FLZip Code
32940

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

REGISTERED AGENT MUST SIGN

Date

4/19/04

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	David L. Graham	719 Glengarry Dr.	Melbourne, FL 32940
MGR	Ellen Graham	719 Glengarry Dr.	Melbourne, FL 32940
		2002-	
		REINSTATEMENT	
		2004-	

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this declaration 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 disclosed 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

Date

4/19/04

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

DAVID L. GRAHAM, MGR

COURT/COUNT