PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L00000015785

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT

FILED
03 MAY 21 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200014676932
03/25/03--01032--007 **155.00

DOCUMENT # L00000015785

1. Limited Liability Company's Name
The 4 G's of Florida, L.C.

2. Principal Office Address	3. Mailing Office Address
719 Glengarry Drive	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: 65-1070647 ☐ 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: David L. Graham

Street Address (P.O. Box Number is Not Acceptable): 719 Glengarry Drive

Suite, Apt. #, Etc.:

City: Melbourne State: FL Zip 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 _____ Date 3/19/03
REGISTERED AGENT MUST SIGN

CR2E041 (10/02)

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
MGRM	David L. Graham	719 Glengarry Drive	Melbourne, FL 32940

200014676932
04/18/03--01049--025 **50.00

REINSTATEMENT
MANAGING MEMBER 0203cus
dcc

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 _____ Date 3/19/03 Daytime Phone # 321-259-0242

Typed or printed name of signing Managing Member/Manager DAVID L. GRAHAM