

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2004 JUN -4 P 1:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000006663

1. Limited Liability Company's Name

S/GRACE ENTERPRISES, LLC

2. Principal Office Address

1001 CENTRAL AVENUE

Suite, Apt. #, etc.

City & State

SARASOTA, FLORIDA

Zip

34236

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

FLORIDA

**5. Date Organized or Qualified
To Do Business in Florida**

04/30/2001

6. FEI Number

65-1015508

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

J. GEOFFREY PFLUGNER

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

2033 MAIN STREET

Suite, Apt. #, Etc.

SUITE 600

City

SARASOTA

State

FL

Zip Code

34237

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 6/3/04

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	KRIS HAGER	1001 CENTRAL AVENUE	SARASOTA, FLORIDA 34236

REINSTATEMENT

02-04
dec

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 6/3/04

Daytime Phone# 941-955-4034

Typed or printed name of signing Managing Member/Manager

KRIS HAGER

CR2E041 (10/02)

ICARD, MERRILL, CULLIS, TIMM,
FUREN & GINSBURG, P.A.

ATTORNEYS AND COUNSELORS

2033 MAIN STREET, SUITE 600

SARASOTA, FLORIDA 34237

FACSIMILE (941) 552-0108

TELEPHONE (941) 366-5707

TAMPA TELEPHONE
(813) 221-2100

REPLY TO:
P.O. BOX 4195
SARASOTA, FLORIDA 34230

J. GEOFFREY PFLUGNER
jpflugner@icardmerrill.com

June 3, 2004

VIA FEDERAL EXPRESS

Division of Corporations
Registration Section
409 Gaines Street
Tallahassee, Florida 32399

Attention: Diane Cushing


RE: S/GRACE ENTERPRISES, LLC REINSTATEMENT L01000006663

Dear Ms. Cushing:

Enclosed please find a check in the amount of \$250.00 for the reinstatement.

Thank you very much for your help. If you need any further information, please do not hesitate to contact me at 941-366-5707.

Very truly yours,
ICARD, MERRILL, CULLIS, TIMM,
FUREN & GINSBURG, P.A.

By: 
Stephen J. Browne, Assistant to
J. GEOFFREY PFLUGNER

Enclosures

cc: S/Grace Enterprises, LLC