


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

L01000008773

1. DOCUMENT # L01000008773

Name and Mailing Address

02 NOV -8 AM 10: 05

11/18

0010079 01 FP 0.352 **PRST H6 0 0615 33483-674525



GRAYRICH, L.L.C.
200 SOUTH OCEAN BLVD., #125
DELRAY BEACH, FL 33483-6745

REINSTATEMENT

2002



2. New Mailing Address 3426 LAKEVIEW Drive City, State, Zip DeLray Beach, Florida 33445		4. State/Country of Formation FL	
Principal Place of Business 200 SOUTH OCEAN BLVD., #125 DELRAY BEACH FL 33483		5. Date Organized or Qualified To Do Business in Florida 05/29/2001	
3. New Principal Place of Business Address 3426 LAKEVIEW Drive City, State, Zip DeLray Beach, FL 33445		6. FEI Number 65-1109397 Applied For Not Applicable	
8. Name and Address of Current Registered Agent DUFFEY, BRIAN K 7601 NORTH FEDERAL HIGHWAY, SUITE 200A BOCA RATON FL 33487-1607		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 500008896885 City 11/08/02-01118-007 ***150.00 FL Zip Code	
10. 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 <u>[Signature]</u> Date 11/4/02 REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
PRESIDENT	DAVID E. GRAY	3426 LAKEVIEW Drive	DeLray Beach, FL 33445
SECRETARY	LINDA A. GRAY	3426 LAKEVIEW Drive	DeLray Beach, FL 33445

REINSTATEMENT 2002

CR2E084 (8/02)

12. 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 [Signature] Date 11/4/02 Daytime Phone # 561 637-7376

Typed or printed name of signing Managing Member/Manager