


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>
--	---	--

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 APR 10 AM 8:18

DOCUMENT # L02000002012

1. Limited Liability Company's Name

Grafteo Real Estate L.L.C.

2. Principal Office Address

1200 S. Rogers Circle

Suite, Apt. #, etc.

# 10

City & State

Boca Raton FL

Zip

33487

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

6. FEI Number

Applied For

☒ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required  
for a Certificate of Status

CR2E041 (8/05)

8. Name and Address of Current Registered Agent

Name

Joseph Grafteo, PRESIDENT, Graftec Electronic Sales, Inc.

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

1200 S. Rogers Circle

Suite, Apt. #, Etc.

# 10

City

Boca Raton

900073713898

05/02/06--01035--007 \*\*05.00

State

FL

Zip Code

33487

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

4.10.06

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
	<u>Joseph Grafteo</u>	<u>1200 S. Rogers Circle #10</u>	<u>Boca Raton FL 33487</u>

REINSTATEMENT 03-06

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

4.10.06

Daytime Phone #

561.994.0933

Typed or printed name of signing Managing Member/Manager