

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JAN 30 PM 2:25

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L02000008239

1. Limited Liability Company's Name

Gray Rocks Asset Management LLC

2. Principal Office Address

1700 East Las Olas Blvd.

Suite, Apt. #, etc.

PH-6

City & State

Ft. Lauderdale FL

Zip

33301

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

Florida

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

4-8-02

6. FEI Number

☒ 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

Michael G. Landry

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

211 So. Gordon Road

Suite, Apt. #, Etc.

City

Ft. Lauderdale

State

FL

Zip Code

33301

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 Jan. 20, 2004

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	Michael G. Landry	211 S. Gordon Rd.	Ft. Lauderdale, FL 33301
MGRM	Beverly J. Yanowitch	2845 N.E. 9th St. Unit 1504	Ft. Lauderdale, FL 33304

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 1/20/04

Daytime Phone # 954-767-8114

Typed or printed name of signing Managing Member/Manager

Michael G. Landry

CR2E041 (10/02)