| PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. | | | | | |
|--|---|---|-------------------------------|---------|--|
| LIMITED LIABILITY COMPANY REINSTATEMENT FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS | | FILED 10 JAN 21 PM 2: 58 | | | |
| DOCUMENT # L 0 2 000 143 10 1. Limited Liability Company's Name | | SECRETARY OF STATE FALLAHASSEE, FLORIDA | | | |
| Grand Point of Sa 2. Principal Office Address - No P.O. Box# | 600166942536 01/22/1001016009 ***832.50 CR2E041 (11/09) | | | | |
| 128 Golden Gate Point 128 Golden Gate Point | | | 4. State/Country of Formation | | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | 9 LORIDA / US 5. Date Organized or Qualified To Do Business in Florida 6/10/2002 | | | |
| City & State City & State | | ess in Florida 6//0/6 | | | |
| Sarasoya 7L | sarasota 7L | 6. FEI Number Applied For Not Applicable | | | |
| 34236 Country | 34236 Country US | 7. CERTIFICATE OF STATUS DESIRED 🔀 \$5.00 Additional Feo required for a Certificate of Status | | | |
| 8. Name and Address of | | | | | |
| James E Bridges | | ☐ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not | | | |
| Street Address (P.O., Box Number is Not Acceptable) 128 Golden Gote Point | | receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived. | | | |
| Suite, Apt. #, Etc. + 100 | | | | | |
| City SQRQS019 State Zip C | | | | | |
| 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 01/20/2010 REGISTERED AGENT MUST SIGN | | | | | |
| 10. Names and Street Addresses of Managing Members/Managers | | | | | |
| Titles Name of Street Add Managing Members/ Managers Managing Me | | ager City / State / Zip | | | |
| MORMJames E BRIDE | 128GoldenGateP | t #1001 | Sarasota 71 | . 34236 | |
| | 700164970867 | | | | |
| | | 01/11/10-01029-006 | | | |
| | | | 41 | | |
| 11. E-mail Address: K5mi+h @ SRQ HOMECREGTIONS: COM | | | | | |
| 11. E-mail Address: KSMITH SQUITE SQU | | | | | |



FILED

FLORIDA DEPARTMENT OF STATE JAN 21 PM 2:58

Division of Corporations SECRETARY OF STATE

SECRETARY OF STATE FALLAHASSEE. FLORIDA

January 12, 2010

JAMES E. BRIDGES GRAND POINT OF SARASOTA, LLC 128 GOLDEN GATE POINT #1001 SARASOTA, FL 34236

SUBJECT: GRAND POINT OF SARASOTA, L.L.C.

Ref. Number: L02000014310

We have received your document for GRAND POINT OF SARASOTA, L.L.C. and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You completed the wrong form, the company was admin dissolution for annual report. Need to file reinstatement form and pay fees

The fees to reinstate the limited liability company are as follows: \$100.00 reinstatement fee; \$138.75 filing fee per year for the years 2005 through 2010;and \$5.00 for each certificate of status requested (optional). Therefore, the total amount due at this time is \$932.50.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan Regulatory Specialist II

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Letter Number: 910A00000866

already mailed \$105.00 check#1147 1/07/2010