

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

2004 FEB 25 PM 3:00

**DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA**

1. **DOCUMENT #** L02000015032

Name and Mailing Address

0011816 01 AT 0.292 **AUTO T4 0 0615 33410-351572



GRECA, LLC
C/O ROBERT LEE SHAPIRO, P.A.
2401 PGA BLVD., STE. 272
PALM BEACH GARDENS FL 33410-3515



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 06/17/2002	
Principal Place of Business C/O ROBERT LEE SHAPIRO, P.A. 2401 PGA BLVD., STE. 272 PALM BEACH GARDENS FL 33410	3. New Principal Place of Business Address City, State, Zip	6. FEI Number	Applied For Not Applicable
8. Name and Address of Current Registered Agent SHAPIRO, ROBERT LEE PA 2401 PGA BLVD., STE. 272 PALM BEACH GARDENS FL 33410		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)			
City		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 <i>[Signature]</i> SIGNATURE REQUIRED Date <u>2/19/04</u> 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
	Audrey Haisfield, Managing Member	2380 Atoka Rd.	Marshall, VA 20115
		REINSTATEMENT <u>2003-04</u>	

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]* **SIGNATURE REQUIRED** Date 2/19/04 Daytime Phone # _____

Typed or printed name of signing Managing Member/Manager Audrey Haisfield Managing Member

CR2E034 (7/03)