

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 APR 16 AM 8:57

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000018727

Name and Mailing Address

0001913 01 AT 0.292 **AUTO H9 1 0615 32256-543152



GRM CAPITAL LLC

9052 TIMBERLIN LAKE ROAD

JACKSONVILLE FL 32256-5431



2. New Mailing Address

City, State, Zip

Principal Place of Business

9052 TIMBERLIN LAKE ROAD
JACKSONVILLE FL 32256

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation
FL5. Date Organized or Qualified
To Do Business in Florida

07/24/2002

6. FEI Number

43-1968324

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

MICHAUD, GENE R
9052 TIMBERLIN LAKE ROAD
JACKSONVILLE FL 32256

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
REGISTERED AGENT MUST SIGN

Date 4-11-04

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
Mrs	GENE R. MICHAUD	9052 TIMBERLIN LAKE RD	JACKSONVILLE, FL 32256

100032891461
04/16/04--01003--002 **200.00

REINSTATEMENT 2003-04

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
DATE 4-11-04

Daytime Phone # 904 519-2952

Typed or printed name of signing Managing Member/Manager

GENE R. MICHAUD