

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
03 NOV-21 AM 9:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000020832

Name and Mailing Address

0002255 01 AT 0.292 **AUTO TO 0 0615 32333-560705



GRANDMA'S HOUSE DESIGNS, LLC
PO BOX 1371
2405 TALLAVANA TRAIL
HAVANA FL 32333-5607



2003

2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business PO BOX 1371 2405 TALLAVANA TRAIL HAVANA FL 32333		5. Date Organized or Qualified To Do Business in Florida 08/14/2002	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 52-2372724 Applied For Not Applicable	
8. Name and Address of Current Registered Agent DOWLING, JO A 2405 TALLAVANA TRAIL HAVANA FL 32333		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>Jo A. Dowling</i> SIGNATURE REQUIRED Date <u>10/25/03</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
Owner	Jo A. Dowling	2405 Tallavana Trail	Havana, Florida 32333
500024205085 10/23/03 01044 001 **150.00			
REINSTATEMENT 2003			

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 *Jo A. Dowling* Date 10/25/03 Daytime Phone # 234-5900
Typed or printed name of signing Managing Member/Manager