

PLEASE READ ALL INSTRUCTIONS

**LO20000022549**

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
07 DEC - 7 PM 2:15  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

DOCUMENT # **LO2000022549**

1. Limited Liability Company's Name

**Gribble Enterprises, LLC**

2. Principal Office Address

**8010 NW 56th St.**

Suite, Apt. #, etc.

City & State

**Miami Florida**

Zip

**33166**

Country

**USA**

3. Mailing Office Address

**8010 NW 56th St.**

Suite, Apt. #, etc.

City & State

**Miami Florida**

Zip

**33166**

Country

**USA**

4. State/Country of Formation

**Florida**

5. Date Organized or Qualified To Do Business in Florida

**8/29/2002**

6. FEI Number

**760710917**

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

**Ingrid Gribble**

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

**11219 SW 74 Terr**

Suite, Apt. #, Etc.

City

**Miami**

State

**FL**

Zip Code

**33173**

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

**Ingrid Gribble**

Date

**12/6/07**

REGISTERED AGENT MUST SIGN

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
<b>President</b>	<b>Ingrid Gribble</b>	<b>11219 SW 74 Terr</b>	<b>Miami Florida 33173</b>
<b>Vice President</b>	<b>HARRY JONES</b>	<b>13920 VAN BUREN ST.</b>	<b>Miami Florida 33176</b>

**REINSTATEMENT**

**2004-2007**

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

**Ingrid Gribble**

Date

**12/6/07**

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

CR2E041 (9/99)