


L020000028603

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 1. Limited Liability Company's Name GRAND MANAGEMENT, LLC		FILED 08 JUL 22 PM 4:55 TALLAHASSEE, FLORIDA 600133753366 07/30/08--01022--014 **416.25 CR2E041 (12/07)	
2. Principal Office Address - No P.O. Box # 1925 S. Atlantic Avenue			
3. Mailing Office Address 1925 S. Atlantic Avenue			
Suite, Apt. #, etc. #707		Suite, Apt. #, etc. #707	
City & State Daytona Beach Shores, FL		City & State Daytona Beach Shores, FL	
Zip 32118	Country USA	Zip 32118	Country USA
4. State/Country of Formation Florida/USA		5. Date Organized or Qualified To Do Business in Florida 10/28/2002	
6. FEI Number		Applied For Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent			
Name GARY H. WEINER			
Street Address (P.O. Box Number is Not Acceptable) 1925 S. Atlantic Avenue			
Suite, Apt. #, Etc. #707			
City Daytona Beach Shores		State FL	Zip Code 32118
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 07/18/2008 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
MGRM	Gary H. Weiner	1925 S. Atlantic Avenue #707	Daytona Beach Shores, FL 32118
REINSTATEMENT 2006-2008			
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 <u>Gary H. Weiner</u> Date 07/18/08 Daytime Phone# (386) 226-4080 Typed or printed name of signing Managing Member/Manager GARY H. WEINER			