

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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DOCUMENT # L02000030706

1. Limited Liability Company's Name

POSABILITIES, LLC.

900065002698  
02/01/06--01083--013 \*\*100.00

CR2E041 (8/05)

2. Principal Office Address <u>2180 west first street</u> Suite, Apt. #, etc. <u>suite 300</u> City & State <u>ft myers FL</u> Zip <u>33901</u> Country <u>USA</u>		3. Mailing Office Address <u>2180 west first street</u> Suite, Apt. #, etc. <u>suite 300</u> City & State <u>ft myers, FL</u> Zip <u>33901</u> Country <u>USA</u>	
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4. State/Country of Formation <u>FL, Pinellas</u>	
5. Date Organized or Qualified To Do Business in Florida <u>2/25/2003</u>	
6. FEI Number <u>562300586</u>	Applied For <input checked="" type="checkbox"/> 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 <u>William M Grant</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>14115 HARBOR WOOD DRIVE</u>	
Suite, Apt. #, Etc.	
City <u>LARGO</u>	State Zip Code <u>FL 33774</u>

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 [Signature] Date 12.7.05  
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
<u>MGR</u>	<u>William M Grant</u>	<u>14115 HARBOR WOOD DR</u>	<u>LARGO FL 33774</u>

000062164100  
12/14/05 01030 003 \*\*150.00

REINSTATEMENT 04-06

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 [Signature] Date 12.7.05 Daytime Phone # 239 3374767

Typed or printed name of signing Managing Member/Manager William M Grant