


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2007 MAY 10 AM 10:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/07)

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L03000009869

1. Limited Liability Company's Name

2080 Griffin Road, LLC

2. Principal Office Address - No P.O. Box # 12951 Aurila Road		3. Mailing Office Address 12951 Aurila Road	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State North Miami		City & State North Miami	
Zip 33181	Country USA	Zip 33181	Country USA

4. State/Country of Formation Florida / USA	
5. Date Organized or Qualified To Do Business in Florida 3/19/2003	
6. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name Angelo Kyrelis			
Street Address (P.O. Box Number is Not Acceptable) 12951 Aurila Road			
Suite, Apt. #, Etc.			
City North Miami		State FL	Zip Code 33181

☐ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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 05/ /2007

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
mgr/mbr	Angelo Kyrelis	12951 Aurila Road	North Miami, FL 33181

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

Angelo Kyrelis

Date

05/07/2007

Daytime Phone #

786-239-223

Typed or printed name of signing Managing Member/Manager

Angelo Kyrelis