

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

250.00
10-1-04

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAR 17 AM 10:08

DOCUMENT # L03000043098

1. Limited Liability Company's Name

GRB PROPERTIES, LLC.

2. Principal Office Address

555 E. STANFORD ST.

Suite, Apt. #, etc.

3. Mailing Office Address

555 E. STANFORD ST.

Suite, Apt. #, etc.

City & State

BARTOW FL.

City & State

BARTOW FL

Zip

33830

Country

USA

Zip

33830

Country

USA.

[Handwritten signature]

CR2E041 (8/05)

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

11/6/2005

6. FEI Number

20-1336654

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

G. EDWARD CLEMENT

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

308 EAST FIFTH AVENUE

Suite, Apt. #, Etc.

City

MOUNT DORA

State

FL

Zip Code

32757

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

[Handwritten signature of G. Edward Clement]

Date

2/2/16

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
MEM	GEORGE ROBERTSON-BURDET	555 E STANFORD ST BARTOW FL 33830	BARTOW FL 33830
MEM	CAROLE ANNE ROBERTSON-BURDET	555 E STANFORD ST BARTOW FL 33830	BARTOW FL 33830
		600069637756 04/06/06--01043--022 **205.00	
		500069637845 01/06/06--01043--023 **50.00	
		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

[Handwritten signature of George Robertson-Burdett]

Date

1/30/06

Daytime Phone #

863 533 2393.

Typed or printed name of signing Managing Member/Manager

GEORGE ROBERTSON-BURDET