2007 LIMITED LIABILITY COMPANY REINSTATEMENT

Proclete Place of Business State	DOCUMENT # L03000048208 1. Entity Name THE GROUT GIRLS, LLC						FILEI	-		
Sulle, Apt. #, etc. Sulle, Apt. #, etc. Sulle, Apt. #, etc. Sulle, Apt. #, etc. City & State Country Sold Additional State File Number: A FEI Number: Sold Additional State State Desired Sold Additional State State Desired A FEI Number: A FEI	8161 VIRGO	ST	8161 VIRGO ST			SEC TALLA	RETARY OF S MASSEE.FL	TATE ORIDA		
City & State City & State City & State City & State 4. FEI Number 4.1-2120019	2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
A1-21/20019 Country Zip Country St. Certificate of Status Desired St. 500 Additional Fee Required St. Name and Address of Current Registered Agent T. Name and Address of New Registered Agent Received St. 600 Additional Fee Required Street Name and Address of New Registered Agent Name	Suite, Apt. #, etc.		Suite, Apt. #, etc.			03192007	REIN-LLC	CR2E101 (1/	07)	
Fee Required Fee	City & State		City & State					 		
RIFFIN, SUSAN J 8161 VIRGO ST JACKSONVILLE, FL 32216 City FL City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I sam familiar with, and accept the obligations of registered agent. SIGNATURE Signator, typed or printed remoderation agent to 3 the 1 submits of liability company did not receive the prior notice. In accordance with s. 607.193(2)(b), F. S., the limited liability company did not receive the prior notice. Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 10. ADDITIONS/CHANG	Zip			Country		5. Certificate	of Status Desired			
STREET ADDRESS OTY-ST-2P TITLE MAKE STREET ADDRESS OTY-ST-2P TITLE		6. Name and Address of Current	Registered Agent			7. Name and	Address of New R	egistered Agent		
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature Signature Signature strong agent are to be applicable. Cartina Cartin	8161 VIRGO ST					dress (P.O. Box Number is Not Acceptable)				
THE NOW!!! FEE IS \$100.00 In accordance with s. 607.193(2)(b), F.S., the limited Florida Department of State 9. MANAGING MEMBERS / MANAGERS TITLE MGRM GRIFFIN, SUSAN J SIREET ADDRESS CITY-ST-2P SIREET ADDRESS CITY-ST-2P TITLE MARE SIREET ADDRESS CITY-ST-2P SIREET				City				FL Zip	Code	
FILE NOW!!! FEE IS \$100.00 In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE MGRIFTIN, SUSAN J SIGNAT STREET ADDRESS CITY-ST-2P SIREET ADDRESS CITY-ST-2P TITLE DOBESS CITY-ST-2P			r the purpose of changing its i	registered office	or register	ed agent, or bot	_			
9. MANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES TITLE MGRM GRIFFIN, SUSAN J SIREET ADDRESS CITY-ST-ZIP TITLE MARKE CITY-ST-ZIP TITLE MARKE STREET ADDRESS CI	SIGNATURE,	Signature, typed or printed name of registered agent	S-VHIW and title if applicable. (NOTE	: Registered Agent sig	gnature requir	ed when reinstating)	3-0			
TITLE NAME GRIFFIN, SUSAN J STREET ADDRESS 2017-ST-2IP JACKSONVILLE, FL 32216 TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE NAME S										
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the	9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE YAMME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MANAGING MEMBE MGRM GRIFFIN, SUSAN J 8161 VIRGO ST	liability company did RS/MANAGERS Delete Delete Delete	not receive the 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	s s	⊝ 04/04/(ADDITIONS) ADDITIONS) 110:35-5130 1701035	CHANGES Cha	nge Addition Addition nge Addition Addition Addition	