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Account Name : A 1 A CORPORATE SERVICES, INC.
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LIMITED LIABILITY REINSTATEMENT

GRAYSTONE RESERVES, LLC

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J. BRYAN SEP 20 2006

DATE: 09-18-2006

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TO: DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FROM: GRAYSTONE RESERVES, LLC
DARRYL GRAY

WE DID NOT RECEIVE FROM YOU THE UNIFORM BUSINESS REPORTS FOR 2005 AND 2006.

PLEASE FILE OUR ANNUAL REPORT AND WAIVE THE PENNALTY.

IF YOU HAVE ANY QUESTIONS PLEASE CONTACT US AT 305 797 7058.

THANKS,

GRAYSTONE RESERVES, LLC
DARRYL GRAY

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000008498

1. Limited Liability Company's Name
GRAYSTONE RESERVES, LLC

CR2E041 (8/05)

2. Principal Office Address	3. Mailing Office Address
9056 SAND PINE LANE	9056 SAND PINE LANE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: WEST PALM BEACH FL	City & State: WEST PALM BEACH FL
Zip: 33401 Country:	Zip: 33401 Country:

4. State/Country of Formation:

5. Date Organized or Qualified To Do Business in Florida: 01/16/2004

6. FEI Number: X Applied For / Not Applicable

7. CERTIFICATE OF STATUS DESIRED:

8. Name and Address of Current Registered Agent

Name: DARRYL GRAY

Street Address (P.O. Box Number is Not Acceptable): 2633 DIANA PLUM DR.

Suite, Apt. #, Etc.:

City: ORLANDO State: FL Zip Code: 32828

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: 9/18/2006

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	DARRYL GRAY	9056 SAND PINE LANE	WEST PALM BEACH FL 33401

REINSTATEMENT 2005-06

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 608.508, F.S., and that all fees owed by the limited liability company [illegible] 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: _____ Date: 9/18/2006 Daytime Phone #: 703-628-9089

Type or printed name of signing Managing Member/Manager: DARRYL GRAY