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DIVISION OF CORPORATION

LIMITED LIABILITY REINSTATEMENT

GRAYSTONE RESERVES, LLC

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DATE: 09-18-2006

TO: DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FROM: GRAYSTONE RESERVES, LLC
DARRYL GRAY

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

PLEASE FILE OUR ANNUAL REPORT AND WAIVE THE PENNALT.Y.

IF YOU HAVE ANY QUESTIONS PLEASE CONTACT US AT 305 797 7038.

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		

CR2FM1 (8/05)

2. Principal Office Address 9056 SAND PINE LANE		3. Mailing Office Address 9056 SAND PINE LANE		4. State/Country of Formation	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Date Organized or Qualified To Do Business in Florida 01/18/2004	
City & State WEST PALM BEACH FL		City & State WEST PALM BEACH FL		6. FCI Number ☒ Applied For ☐ Not Applicable	
Zip 33401	Country	Zip 33401	Country	7. CERTIFICATE OF STATUS DESIRED ☐ (This additional fee is required for reinstatement of status.)	

8. Name and Address of Current Registered Agent	
Name DARRYL GRAY	
Street Address (P.O. Box Number is also acceptable) 2633 DIANA PLUM DR.	
Suite, Apt. #, Etc.	
City ORLANDO	State / Zip Code FL 32828

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 604, F.S.

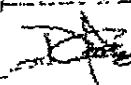
Signature of Registered Agent  Date **9/18/2006**

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 of this company and I am authorized to execute this application as provided for in chapter 604, F.S. I further certify that in filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 604.604, F.S., and that all fees owed by the limited liability company have been paid. 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**

Typed or printed name of signing Managing Member/Manager **DARRYL GRAY**