

# **LIMITED LIABILITY COMPANY REINSTATEMENT**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 NOV 17 AM 9:40

<b>DOCUMENT # L04Q00041751</b>					
<b>1. Entity Name</b> GRAHAM CAPITAL INVESTMENTS, LLC					
<b>Principal Place of Business</b> 8910 MIRAMAR PARKWAY, STE. 307 MIRAMAR, FL 33025			<b>Mailing Address</b> 8910 MIRAMAR PARKWAY, STE. 307 MIRAMAR, FL 33025		
<b>2. Principal Place of Business</b> 18044 NW 6th St, Ste 104 Suite, Apt. #, etc.		<b>3. Mailing Address</b> 18044 NW 6th St, Ste 104 Suite, Apt. #, etc.			
City & State Pembroke Pines, FL		City & State Pembroke Pines, FL		<b>4. FEI Number</b> 20-1302053	
Zip 33029		Country USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> GRAHAM, ALVA 8910 MIRAMAR PARKWAY, STE. 307 MIRAMAR, FL 33025			<b>7. Name and Address of New Registered Agent</b> Name: <u>Alva Graham</u> Street Address (P.O. Box Number is Not Acceptable): <u>18044 NW 6th St, Ste. 104</u> City: <u>Pembroke Pines</u> FL Zip Code: <u>33029</u>		
<b>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 am familiar with, and accept the obligations of registered agent.</b>					
SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2006, Fee will be \$200.00</b>			<b>Make check payable to</b> <b>Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM STEPHENS, JOHN 8910 MIRAMAR PARKWAY, STE. 307 MIRAMAR, FL 33025	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	4000606886 Change <input type="checkbox"/> Addition 10/17/05--01072--013 **150.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GRAHAM, ALVA 8910 MIRAMAR PARKWAY, STE. 307 MIRAMAR, FL 33025	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Graham, Alva 18044 NW 6th St, Ste 104 Pembroke Pines, FL 33029	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.</b>					
<b>SIGNATURE:</b> _____					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date: _____ Daytime Phone #: _____					