


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS	
DOCUMENT # <u>L04000648293</u>				08 JUL 23 PM 2:03	
1. Limited Liability Company's Name <u>Five Brothers Grimm, LLC</u>				100132472581 07/08/08--01020--010 **416.25 CR2E041 (12/07)	
2. Principal Office Address - No P.O. Box # <u>1718 sw 68th terr.</u> Suite, Apt. #, etc.		3. Mailing Office Address <u>1718 sw 68th terr.</u> Suite, Apt. #, etc.		4. State/Country of Formation	
City & State <u>Gainesville, FL</u>		City & State <u>Gainesville, FL</u>		5. Date Organized or Qualified To Do Business in Florida <u>6-28-04</u>	
Zip <u>32607</u>	Country <u>U.S.A</u>	Zip <u>32607</u>	Country <u>U.S.A</u>	6. FEI Number <u>113701581</u>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
8. Name and Address of Current Registered Agent				7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
Name <u>John Grimes</u>				<input checked="" type="checkbox"/> A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.	
Street Address (P.O. Box Number is Not Acceptable) <u>1718 sw 68th terr.</u>					
Suite, Apt. #, Etc.					
City <u>Gainesville</u> State <u>FL</u> Zip Code <u>32607</u>					
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 <u>John Grimes</u>				Date <u>3-19-08</u>	
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	
	<u>John Grimes</u>	<u>1718 sw 68th terr.</u>		<u>Gainesville, FL 32607</u>	
	<u>Joseph Grimes</u>	<u>1602 SE 39th terr.</u>		<u>Gainesville, FL 32641</u>	
	<u>Danny Paige</u>	<u>6815 W University apt 7204</u>		<u>Gainesville, FL 32608</u>	
				<u>\$ 416.25</u>	
<b>REINSTATEMENT 2006-08</b>					
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 <u>John Grimes</u>				Date <u>3-19-08</u> Daytime Phone# <u>352-870-4051</u>	
Typed or printed name of signing Managing Member/Manager					