

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2011 DEC 30 PM 4:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000062255

1. Limited Liability Company's Name

GRIMS TECHNOLOGIES, LLC

300215693373
01/03/12--01002--017 **243.75

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #
8506 BAYWOOD VISTA DR

Suite, Apt. #, etc.

3. Mailing Office Address
8506 BAYWOOD VISTA DR

Suite, Apt. #, etc.

City & State
ORLANDO, FL

City & State
ORLANDO, FL

Zip Country
32810 ORANGE

Zip Country
32810 ORANGE

4. State/Country of Formation
FL/USA

5. Date Organized or Qualified
To Do Business in Florida 08/23/2004

6. FEI Number
201533907

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒ \$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
ALEXANDRE GRIMAUD

Street Address (P.O. Box Number is Not Acceptable)
8506 BAYWOOD VISTA DR

Suite, Apt. #, Etc.

City
ORLANDO

State Zip Code
FL 32810

E-mail Address:

agrimaud@gmail.com

(To be used for future annual report notices)

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 *Alexandre Grimaud*
REGISTERED AGENT MUST SIGN

Date *Dec 29, 2011*

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
MGR	Alexandre Grimaud	8506 Baywood Vista Dr	Orlando/FL/32810
MGR	Judine Grimaud	8506 Baywood Vista Dr	Orlando/FL/32810

REINSTATEMENT
2011

J. SAULSBERRY
EXAMINER

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

Signature of Managing
Member/Manager *Alexandre Grimaud*

Date *Dec 29/2011*

Daytime Phone # *407 970 1313*

Typed or printed name of signing Managing Member/Manager *ALEXANDRE GRIMAUD*