

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2008 MAR 27 PM 1:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # L04000075528**

1. Limited Liability Company's Name

**GRACE-KELLY, LLC**

CR2E041 (12/07)

<b>2. Principal Office Address - No P.O. Box #</b> 100 ROSE BLVD Suite, Apt. #, etc.		<b>3. Mailing Office Address</b> 736 96TH AVENUE NORTH Suite, Apt. #, etc.	
City & State NAPLES, FLORIDA		City & State NAPLES, FLORIDA	
Zip 34119	Country USA	Zip 34108	Country USA

<b>4. State/Country of Formation</b> FLORIDA	
<b>5. Date Organized or Qualified To Do Business in Florida</b> 10-19-2004	
<b>6. FEI Number</b> 20-1767788	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>7. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

<b>8. Name and Address of Current Registered Agent</b>		
Name CRAIG D. BLUME		
Street Address (P.O. Box Number is Not Acceptable) 800 HARBOUR DRIVE		
Suite, Apt. #, Etc.		
City NAPLES	State FL	Zip Code 34103

☒ 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.

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

REGISTERED AGENT MUST SIGN

Date 3-27-08

**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	GRACE STAFFORD	736 96TH AVENUE NORTH	NAPLES, FLORIDA 34108
MGR	KELLY RICE - Normand	2820 2ND AVENUE NE	NAPLES, FLORIDA 34120

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**REINSTATEMENT** 06-08

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

Date

3/24/08

Daytime Phone #

239-404-7111

Typed or printed name of signing Managing Member/Manager

Grace Stafford