

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

10 APR 12 AM 10:40

DOCUMENT # L04000076118

1. Limited Liability Company's Name

LB GRANT Properties, LLC

800175001438  
04/08/10--01043--015 \*\*416.25

CR2E041 (11/09)

2. Principal Office Address - No P.O. Box #

305 Quaker Rd.

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sewickley PA

City & State

Zip

15143

Country

USA

Zip

Country

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

2004

6. FEI Number

20-1995755

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

TIM FULLER

Street Address (P.O. Box Number is Not Acceptable)

4460 Legendary Dr

Suite, Apt. #, Etc.

Suite 100

City

Destin

State

FL

Zip Code

32541

☒ 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

Tim Fuller

Date 4/2/2010

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
MEMBER	Rayne O'Shaughnessy	305 Quaker Rd.	Sewickley PA 15143

REINSTATEMENT 2008-10-8M

11. E-mail Address: rayneog@gmail.com

(To be used for future annual report notifications)

12. 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

Rayne O'Shaughnessy

Date

4/2/2010

Daytime Phone #

412.716.0712

Typed or printed name of signing Managing Member/Manager

Rayne O'Shaughnessy