

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 MAY 30 PM 2:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # LO5000009912

1. Limited Liability Company's Name

Grue Realty, LLC

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

4451 Atwood Drive

Suite, Apt. #, etc.

City & State

Orlando, Florida

Zip

32828

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

1/31/2005

6. FEI Number

43-2073471

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

George R James

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

4230 S. Macdill Ave.

Suite, Apt. #, Etc.

Suite K

City

Tampa

State

FL

Zip Code

33611

☒ 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

George R James
REGISTERED AGENT MUST SIGN

Date 5/25/07

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>Mgm</u>	<u>Nils Grue</u>	<u>4008 San Galle Dr. #19101</u>	<u>Kissimmee, FL 34741</u>

300103916899
06/09/07--01046--005 **100.00

REINSTATEMENT 06/07

11. I certify that I am managing member/manager of 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

Nils Grue

Date 04/12/2007

Daytime Phone # 813-831-5688

Typed or printed name of signing Managing Member/Manager

Nils Grue