

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L05000015786**

1. Limited Liability Company's Name

G & G LLC

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

2935 Reindeer Ct.

Suite, Apt. #, etc.

3. Mailing Office Address

2935 Reindeer Ct

Suite, Apt. #, etc.

City & State

Middleburg, FL

City & State

Middleburg FL, 32068

Zip

32068

Country

CLAY

Zip

32068

Country

CLAY

4. State/Country of Formation

Florida, CLAY

5. Date Organized or Qualified
To Do Business in Florida

02-15-2005

6. FEI Number

20-2349784

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

Joshua S. Graves

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

2935 Reindeer Ct

Suite, Apt. #, Etc.

City

Middleburg

State

FL

Zip Code

32068

200266917072

11/26/14--01011--025 **1310.00

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date **11/24/2014**

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	Joshua S. GRAVES	2935 Reindeer Ct.	Middleburg, FL, 32068
MGR	Emily C. GRAVES	2935 Reindeer Ct.	Middleburg, FL, 32068
MGR	Michael J. Panko	1362 River Rd.	Binghamton, NY, 13901

REINSTATEMENT 2007-2014

JAN 13 2015

T. HAMPTON

11. E-mail Address: **gravej@bellsouth.net**

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 605.0012, 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager

[Signature]

Date

11/24/14

Daytime Phone #

904-406-2005

Typed or printed name of signing Authorized Representative/Manager



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
14 DEC 10 AM 10:00
DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
REGISTRATION SERVICES

November 26, 2014

G & G LLC
2935 REINDEER CT
MIDDLEBURG, FL 32068

SUBJECT: G & G, LLC
Ref. Number: L05000015786

We have received your document for G & G, LLC and your check(s) totaling \$1310.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the above referenced limited liability company is no longer available. Please file an amendment changing the name of this entity. DO NOT SEND ANYMORE MONEY.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

Please list the complete principal office address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton
Regulatory Specialist III

Letter Number: 714A00025156