

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 JUL -7 AM 10: 02

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L05000026744

1. Limited Liability Company's Name

GRAND LISTA, LLC

500158067195
07/01/09--01045--001 **\$55.00

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box # 505 1ST AVE SOUTH		3. Mailing Office Address 505 1ST AVE SOUTH	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State TIERRA VERDE, FL		City & State TIERRA VERDE, FL	
Zip 33715	Country U.S.	Zip 33715	Country U.S.

4. State/Country of Formation
FLORIDA

**5. Date Organized or Qualified
To Do Business in Florida** 03/16/2005

6. FEI Number
DISREGARDED ENTITY - N/A

Applied For
<input checked="" type="checkbox"/> 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
RAMSES S. NASHED

Street Address (P.O. Box Number is Not Acceptable)
505 1ST AVE SOUTH

Suite, Apt. #, Etc.

City
TIERRA VERDE, FL

State
FL

Zip Code
33715

☐ 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

6/25/09

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
MGRM	RAMSES S. NASHED	505 1ST AVE SOUTH	TIERRA VERDE, FL 33715
	L. SELLERS		
	JUL - 8 2009		
	EXAMINER		

REINSTATEMENT

06-09

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

6/25/09

Daytime Phone #

1-727-418-6622

Typed or printed name of signing Managing Member/Manager

RAMSES S. NASHED