	THIS FORM.					
in 4	· LIMITED LIABILITY COMPANY REINSTATEMENT	Secreta	RTMENT OF STATE ary of State corporations	10	FILED JAN 25 PH 12:	12
	DOCUMENT # LOS			SECRETARY OF STATE TALLAHASSEE, FLORIDA		
	GREGORY M. BRYSON LLC LOS0000 27446			700166849237 01/21/1001037023 **660.00 CR2E041 (11/09)		
,	2. Principal Office Address - No P.O. Box # 162 11th Ave. Suite, Apt #, etc.	3. Mailing Office Addi	(158	4. State/Country of F	· · · · · · · · · · · · · · · · · · ·	15
;"(\$	Apt. City & State City & State			5. Date Organized or Qualified To Do Business in Florida 4 · 27 · 05		
	NAPLES, FL NAPLES FL.		SFL.	6. FEI Number 2527886 Applied For Not Applicable		
	34102 U.S.	34106	US.	7. CERTIFICATE OF ST	ATUS DESIRED 55.00 Ad	ditional Fee required ertificate of Status
	8. Name and Address of Current Registered Agent Name			☐ 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.		
	Street Address (20. Day Number is Not Agceptable)					
	Suite, Apt. #, Etc.					
	City NAPLES State 34/02					
	9. I, being appointed the registered again of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent					
ï#.	10. Names and Street Addresses of Manag Name of Managing Members		Street Address of Each Managing Member/Manag	jer	City / State / Zig	p
			162 1174	AUS. N	SPLES, FL	34/02
	REINSTATEMENT		r07-10	•	· · · · · · · · · · · · · · · · · · ·	
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	11. E-mail Address: Dryson am @					
a .	I certify that I am managing member/mar filing this reinstatement application the re- all fees owed by the limited liability compa as if made under oath. Signature of Managing Member/Manager	ason for dissolution has been elimi	inated, the limited liability compa on indicated on this application is	ny name satisfies the restruction and accurate, and	equirements of section 608.40	06, F.S., and that
	Typed or printed name of signing Managing M	lem or/Manager	SORY M. BA	VSOV		