

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

11 MAY 27 PM 3:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L05000076650

1. Limited Liability Company's Name

JERRY GRACE IRA SD, LLC

CR2E041 (1/11)

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

2614 NORTH TAMiami TRAIL

Suite, Apt. #, etc

3. Mailing Office Address

2614 NORTH TAMiami TRAIL

Suite, Apt. #, etc

City & State

NAPLES, FL

City & State

NAPLES, FL

Zip

34103

Country

USA

Zip

34103

Country

USA

4. State/Country of Formation

FLORIDA, USA

5. Date Organized or Qualified  
To Do Business in Florida

08/02/2005

6. FEI Number

311051736

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

JERRY L. GRACE

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

2614 NORTH TAMiami TRAIL

Suite, Apt. #, Etc.

City

NAPLES

State

FL

Zip Code

34103

E-mail Address:

100208212691

05/27/11--01034--011 \*\*793.75

annfranklaw@yahoo.com

(To be used for future annual report notices)

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

5/20/11

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
MGKM	THE FIFTH THIRD BANK, AS CUSTODIAN OF THE JERRY GRACE IRA SD, LLC	38 FOUNTAIN SQUARE PLAZA	CINCINNATI, OH 45202
	L. SELLERS		
	MAY 31 2011		
	EXAMINER	REINSTATEMENT	07-11

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

Signature of Managing  
Member/Manager

*[Signature]*

Date

5/9/11

Daytime Phone #

513-534-5175

Typed or printed name of signing Managing Member/Manager

BETH A. BOLLMAN, NICE PRESIDENT