

L05000086231

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

10 APR 19 PM 2:46

DOCUMENT # L05000086231

1. Limited Liability Company's Name

GRAHAM SERVICES LTD. CO.

700176576887  
04/20/10--01031--006 \*\*416.29  
CR2E041 (11/09)

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

1000 N. HIATUS RD

Suite, Apt. #, etc.

#102

3. Mailing Office Address

SAME

City & State

PEMBROKE PINES FL

City & State

Zip

33026

Country

USA

Zip

Country

4. State/Country of Formation

FLA USA

5. Date Organized or Qualified  
To Do Business in Florida

2005

6. FEI Number

203251763

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

ALVA. GRAMAM.

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

1000 N. HIATUS RD

Suite, Apt. #, Etc.

#102

City

PEMBROKE PINES

State

FL

Zip Code

33026

☒ 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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date APR 14, 2010

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
PRES MGR	ALVA GRAMAM	1000 N. HIATUS RD #102	PEMBROKE PINES FL 33026

REINSTATEMENT

08-10  
Ullt

11. E-mail Address: AL@GRAHAM GROUPS.COM

(To be used for future annual report notifications)

12. 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

*[Signature]*

Date 4/14/2010

Daytime Phone #

954-889-4712

Typed or printed name of signing Managing Member/Manager AL GRAMAM.