

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 MAY -6 PM 2:46

000180493950

CR2E041 (11/09)

DOCUMENT # L05600096392

1. Limited Liability Company's Name
GRAHAM DEVELOPMENT LLC

2. Principal Office Address - No P.O. Box # <u>1000 N. HIATUS RD.</u>		3. Mailing Office Address <u>SAME</u>	
Suite, Apt. #, etc. <u>#102</u>		Suite, Apt. #, etc.	
City & State <u>PEMBROKE PINES FL</u>		City & State	
Zip <u>33026</u>	Country <u>USA.</u>	Zip	Country

4. State/Country of Formation	
5. Date Organized or Qualified To Do Business in Florida <u>9/26/2001</u>	
6. FEI Number <u>20-3251855</u>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name
ALVA GRAHAM

Street Address (P.O. Box Number is Not Acceptable)
1000 N. HIATUS RD #102

Suite, Apt. #, Etc.

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] Date 5/6/2010

REGISTERED AGENT MUST SIGN

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
<u>Manager</u>	<u>ALVA GRAHAM</u>	<u>1000 N. HIATUS RD #102</u>	<u>PEMBROKE PINES FL 33026</u>

REINSTATEMENT

W/O/P 07-10

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11. E-mail Address: AL@GRAHAMGROUPS.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 608.408, 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 5/6/2010 Daytime Phone # 954-889-4712

Typed or printed name of signing Managing Member/Manager P. GRAHAM

RECEIVED MAY 06 2010



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 375011 7775169

AUTHORIZATION :

COST LIMIT : \$ 555.00

ORDER DATE : May 6, 2010

ORDER TIME : 10:08 AM

ORDER NO. : 375011-005

CUSTOMER NO: 7775169

Attn: Brenda Tadlock

DOMESTIC FILINGS

NAME: GRAHAM DEVELOPMENT, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - Ext# 2956

EXAMINER'S INITIALS _____

RECEIVED
10 MAY -6 PM 2:09
DEPARTMENT OF REVENUE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA