

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2010 JUL 27 AM 10:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200182327672
06/18/10--01030--003 **238.75

CR2E041 (05/10)

DOCUMENT # 106000069148

1. Limited Liability Company's Name

THE GREYSTONE GROUP LLC

2. Principal Office Address - Ho P.O. Box #

42 INTERLAKEN RD.

Suite, Apt. #, etc.

3. Mailing Office Address

42 INTERLAKEN RD.

Suite, Apt. #, etc.

City & State

ORLANDO, FL.

City & State

ORLANDO, FL

Zip

32804

Country

USA

Zip

32804

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

07/10/2006

6. FEI Number

59-3433287

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

CIPOLLARO, MICHAEL A. MGRM

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

42 INTERLAKEN RD

Suite, Apt. #, Etc

City

ORLANDO

State

FL

Zip Code

32804

200182327672
07/23/10--01001--008 **302.50

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

Michael A. Cipollaro
REGISTERED AGENT MUST SIGN

Date 6.10.10

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	CIPOLLARO, MICHAEL A.	42 INTERLAKEN RD	ORLANDO, FL 32804

REINSTATEMENT-08-10

11. E-mail Address MCIPOLLARO@GREYSTONEGROUPLLC.COM

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

Michael A. Cipollaro

Date 6.10.10

Daytime Phone #

407 296-2462

Typed or printed name of signing Managing Member/Manager

C.P.

516.25