

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000107121 1. Entity Name GRID LINE, LLC	
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FILED

08 DEC -9 AM 8:09

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business 9616 COBBLEBROOK DRIVE PENSACOLA, FL 32506	Mailing Address 507 SANDY OAKS DRIVE PENSACOLA, FL 32506
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

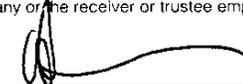
10302008 REIN-LLC CR2E101 (1/07)

6. Name and Address of Current Registered Agent	
KING, JAMES W JR 945 WEST MICHIGAN AVE SUITE 5B PENSACOLA, FL 32506	

7. Name and Address of New Registered Agent	4. FEI Number 22-3945807
Name	Applied For
Street Address (P.O. Box Number is Not Acceptable)	Not Applicable
City	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required
FL Zip Code	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)
FILE NOW!!! FEE IS \$138.75 After January 1, 2009, Fee will be \$277.50	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.
Make check payable to Florida Department of State	

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRM	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRONKHORST, VICTOR R	NAME	300138404493
STREET ADDRESS	507 SANDY OAKS DRIVE	STREET ADDRESS	12/03/08--01016--005 **138.75
CITY-ST-ZIP	PENSACOLA, FL 32506	CITY-ST-ZIP	
TITLE	MGRM	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PULLEN, IRENE	NAME	L. SELLERS
STREET ADDRESS	507 SANDY OAKS DRIVE	STREET ADDRESS	DEC 10 2008
CITY-ST-ZIP	PENSACOLA, FL 32506	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	EXAMINER
STREET ADDRESS		STREET ADDRESS	REINSTATEMENT 2008
CITY-ST-ZIP		CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.		
SIGNATURE: 	Date	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		