PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

COMPANY REINSTATEMENT  COMPANY  Secretary of State  DIVISION OF CORPORATIONS								FILED 10 JAN-7 PM 1:23			
DOCUMENT # L06000109570  1. Limited Liability Company's Name								SECRETARY OF STATE FALLAHASSEE, FLORIDA			
Anderson & Grace Landing, LLC								60016477550€ 01/06/10-æ1€4377∰ **377.50			
· ·					ng Office Address						
4530 SE Geraldine St.				Same as Physical				4. State/Country of Formation			
Suite, Apt. #, etc.				Suite, Apt. #, etc.				Florida/USA  5. Date Organized or Qualified To Do Business in Florida  11/13/06			
City & State Stuart, FL 34997				City & State				6. FEI Number Applied For			
Zip	<u>,</u>	Country		Zip		Count	Ŋ	7. 26 <b>-</b>	1313594	Not Applicable	
34997	34997 USA							OF STATUS DESIRED ( \$5.00 Additional Fee required for a Certificate of Status			
8. Name and Address of Current Registered Agent									•		
Name Anthony W. Anderson								☐ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not			
Street Address (P.O. Box Number is Not Acceptable) 4530 SE Geraldine St.							receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.				
Suite, Apt. #, Etc.											
City Stuart						State Zip Code FL 34997					
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 W. Advantage REGISTERED AGENT MUST SIGN								Date 12-28-09			
10. Names	and Street	Addresses	of Managing Mer	mbers/Managers							
Titles Name of Managing Members/ Managers					Street Address of Each Managing Member/Manag			er City / State / Zıp			
MGRM	Anthony W. Anderson				4530 SE Geraldine St			. Stuart, FL 34997		997	
		<u>-</u>								JB	
										JB	
	Reliva								TRIEN 2008-09		
11. E-mail Address:											
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 filling 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  Date 12-28-09  Daytime Phone # 77 2-263-69											
			paging Mambar		you!	1 <del>(1)</del> /\	Date 1 <u></u>	<u>~~~</u> 0	aylime Phone #		
Typed or printed name of signing Managing Member/Manager											