

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 DEC -9 PM 2:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000163424950
12/08/09--01019--003 **282.50

CR2E041 (11/09)

DOCUMENT #

1. Limited Liability Company's Name Grafor Investments, LLC
LO6000110045

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

3 Summit Ln

Suite, Apt #, etc.

3. Mailing Office Address

3 Summit Ln

Suite, Apt #, etc.

City & State

Safety Harbor, FL

Zip

34695

Country

USA

City & State

Safety Harbor, FL

Zip

34695

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

10/2/2007

6. FEI Number

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

Sandra Voorhees

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

3 Summit Ln

Suite, Apt #, Etc.

City

Safety Harbor

State

FL

Zip Code

34695

☒ 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

Sandra Voorhees

Date

12/02/09

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
MGR	Kyle Voorhees	3 Summit Ln	Safety Harbor, FL 34695
MGR	Kenneth D'Amico	3 Summit Ln	Safety Harbor, FL 34695

JB

REINSTATEMENT 2008-09

11. E-mail Address: KVoorheez@gmail.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

KV

Date

12/1/09

Daytime Phone #

727-481-5632

Typed or printed name of signing Managing Member/Manager Kyle Voorhees