

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

10 APR 12 AM 10:17

**DOCUMENT #**

1. Limited Liability Company's Name

Life is Grand LLC

**REINSTATEMENT** 2008-10 Jan

500172216935  
03/15/10--01052--015 \*\*377.50  
CR2E041 (11/09)

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

1075 Duval St

Suite, Apt. #, etc.

#212 Unit C-21

City & State

Key West FL

Zip

33040

Country

USA

3. Mailing Office Address

1075 Duval St

Suite, Apt. #, etc.

#212 Unit C-21

City & State

Key West FL

Zip

33040

Country

USA

4. State/Country of Formation

Florida/Monroe

5. Date Organized or Qualified  
To Do Business in Florida

3/6/07

6. FEI Number

41-223-1258

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

Christian Zuelch

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

Pribramsky, Zuelch

Suite, Apt. #, Etc.

937 Fleming Street

City

Key West

State

FL

Zip Code

33040

☒ 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]*

REGISTERED AGENT MUST SIGN

Date 3-1-10

**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
MAR	Everett H. Smith	1075 Duval St #212 Unit C-21	Key West FL 33040

11. E-mail Address: evhudson@aol.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

*[Signature]*

Date

3/8/10

Daytime Phone #

3053042651

Typed or printed name of signing Managing Member/Manager

Everett Smith