

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

12 JUN -8 PM 12:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

LD9000029104

1. Limited Liability Company's Name

Saving Grace Moving, LLC

CR2E041 (1/11)

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

1503 South US Hwy 301

Suite, Apt. #, etc.

3. Mailing Office Address

1503 S US Hwy 301

Suite, Apt. #, etc.

City & State

Tampa FL

Zip

33619

Country

USA

City & State

Tampa FL

Zip

33619

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

3/5/2009

6. FEI Number

26-4682940

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

Jason Spomer

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

1503 South US Hwy 301

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33619

E-mail Address:

400236084134
06/08/12--01030--020 **516.25

Sales@SavingGraceMoving.com
(To be used for future annual report notices)

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

Date 6/5/2012

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	Jason D Spomer	1503 South US Hwy 301	
		Tampa, FL 33619	
	JUN 15 2012	REINSTATEMENT	10-12
	L. SELLERS		

11. 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing
Member/Manager

Date 6/5/2012

Daytime Phone # 813.367.7072

Typed or printed name of signing Managing Member/Manager