

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
13 AUG 28 PM 9:19

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L10000016060

1. Limited Liability Company's Name
Graff & Company, LLC

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box # 200 Crandon Blvd.		3. Mailing Office Address Same	
Suite, Apt. #, etc. #320		Suite, Apt. #, etc.	
City & State Key Biscayne, FL		City & State	
Zip 33149	Country USA	Zip	Country

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 02/11/2010	
6. FEI Number 46-0524578	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name
Maria Laura Maltese

Street Address (P.O. Box Number is Not Acceptable)
170 Ocean Lane Drive

Suite, Apt. #, Etc.
#312

City
Key Biscayne

State
FL

Zip Code
33149

E-mail Address:
900251183829
08/28/13--01033--007 ***125.0

maltese ml@hotmail.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 X Maria Laura Maltese Date 08/20/13

REGISTERED AGENT MUST SIGN

10. Name and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Director	Maria Laura Maltese	170 Ocean Lane Dr, #312	Key Biscayne, FL 33149
REINSTATEMENT			S. HAWKES AUG 29 2013 EXAMINER

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 X Maria Laura Maltese Date 08/20/13 Daytime Phone # X 305 365 1245

Typed or printed name of signing Managing Member/Manager Maria Laura Maltese 780 377 5380