

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L10000063787

1. Limited Liability Company's Name

Grateful 85 LLC

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

2132 Lake Forest Drive

Suite, Apt. #, etc.

City & State

Tallahassee, FL

Zip

32303

Country

US

3. Mailing Office Address

2132 Lake Forest Drive

Suite, Apt. #, etc.

City & State

Tallahassee, FL

Zip

32303

Country

US

4. State/Country of Formation

US

5. Date Organized or Qualified
To Do Business in Florida

June 15, 2010

6. FEI Number

27 2944162

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 Ryan M. Sprague

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

2132 Lake Forest Drive

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32303

E-mail Address:

ryansprague85@gmail.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

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
MGRM	Ryan M. Sprague	2132 Lake Forest Drive	Tallahassee, FL 32303
MGRM	Jennifer L. Sprague	2132 Lake Forest Drive	Tallahassee, FL 32303

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 12/5/2011

Daytime Phone # 850-274-8487

PRINTED NAME OF MANAGING

RYAN SPRAGUE

FILED

11 DEC -7 AM 11:32

KS

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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REINSTATEMENT 2011