

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

15 JAN -5 PM 8:53

CLERK OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L12000059407

1. Limited Liability Company's Name
G.R.U.L.L.C. / Griffin Professional Upgrades LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #
4825 Burgundy Lane

3. Mailing Office Address
P.O. BOX 680731

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Orlando FL

City & State
Orlando FL

Zip
32808

Country
United States

Zip
32868

Country
U.S.

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

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
Winston Griffin

Street Address (P.O. Box Number is Not Acceptable)
4825 Burgundy Lane

Suite, Apt. #, Etc.

City
Orlando FL

State
FL

Zip Code
32808

500268009549
01/05/15--01028--016 **377.50

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

Winston Griffin

REGISTERED AGENT MUST SIGN

Date 12/31/2014

10. Names and Street Addresses of Authorized Representatives/Managers

| Titles | Name of Authorized Representatives/ Managers | Street Address of Each Authorized Representative/ Manager | City / State / Zip |
|---------------|--|---|--------------------|
| owner | Winston Griffin | 4825 Burgundy Lane | Orlando FL 32808 |
| REINSTATEMENT | | | |
| 2013 - 2014 | | | |
| | | | |
| | | | |
| | | | |
| | | | |

11. E-mail Address: Winston.griffin@yahoo.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 605.0012, 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager

Winston Griffin

Date 12/31/2014

Daytime Phone # 407 879-6322

Typed or printed name of signing Authorized Representative/Manager

Winston Griffin