PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

SECRETARY OF STATE
DIVISION OF CORPORATIONS

2021 NOV -2 PM 12:07

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L18000241161

300370004288
11/02/21-01022--018 **243.75

1. Limited Liability Company's Name
Grayton Probuilt Construction LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
268 Serenoa Road	268 Serenoa Road
Suite, Apt. #, etc. Unit 2B	Suite, Apt. #, etc. Unit 2B
City & State Santa Rosa Beach, FL	City & State Santa Rosa Beach, FL
Zip 32459 / Country USA	Zip 32459 / Country USA

4. State/Country of Formation: Florida, USA
5. Date Organized or Qualified To Do Business In Florida: 12/11/2018
6. FEI Number: 83-2510131 [ ] Applied For [ ] Not Applicable
7. CERTIFICATE OF STATUS DESIRED [X] $5.00 Additional Fee required for a certificate of status

8. Name and Address of Current Registered Agent

Name: Manual Alvarez
Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.: 268 Serenoa Road, Unit 2B
City: Santa Rosa Beach | State: FL | Zip Code: 32459

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: Jm Manual Alvarez — REGISTERED AGENT MUST SIGN — Date: 10-06-2021

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
AR	Manual Alvarez	268 Serenoa Rd., Unit 2B	Santa Rosa Beach, FL 32459
AR	Dennis Norvet	268 Serenoa Rd. Unit 2B	Santa Rosa Beach, FL 32459
AR	Matthew Sherrod	268 Serenoa Rd. Unit 2B	Santa Rosa Beach, FL 32459
	REINSTATEMENT		NOV 2 2021
			R. HUNT

11. E-mail Address: Dnorvet@winterpastdevelopment.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 605, 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 requirement 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 acknowledge 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 authorized representative/member: [signature] Date: 10/6/21 Daytime Phone #: 865-588-4041

Typed or printed name of signing authorized representative/member: Matt Sherrod