

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICANT: **L98000002403**
FLORIDA DEPARTMENT OF STATE
J. Smith
REINSTATEMENT
INCORPORATION

FILED
02 OCT 30 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L98000002403

Name and Mailing Address

0006529 01 FP 0.352 **PRSRT TO D 0615 33634-494602



GRANTHAM FAMILY FLORIDA, L.L.C.
6902 W. HILLSBOROUGH AVE.
TAMPA FL 33634-4946



2. New Mailing Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

10/26/1998

Principal Place of Business

6902 W. HILLSBOROUGH AVE.
TAMPA FL 33634

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number

58-2423392

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

RAX CO.
50 NORTH LAURA STREET, 3300 BARNETT CENTER
JACKSONVILLE FL 32202

9. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

10. 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

REGISTERED AGENT MUST SIGN

Date 10-24-02

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	GRANTHAM, A.V.	6902 W. HILLSBOROUGH AVE.	TAMPA FL 33634

500008687405
10/30/02--01022--009 **150.00

REINSTATEMENT 2002
JC

12. 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.

Signature of
Managing Member/Manager

Date 10-24-02

Daytime Phone # 813-886-7799

Typed or printed name of signing Managing Member/Manager

Andru Grantham II

CR2E084 (8/02)