

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAY 25 PM 12:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L98000002403

1. Limited Liability Company's Name

Grantham Family Florida, LLC.

900181203049
05/21/10--01038--006 **\$16.25
CR2E041 (11/09)

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

6500 Ulmerton Rd.

Suite, Apt. #, etc.

3. Mailing Office Address

6500 Ulmerton Rd

Suite, Apt. #, etc.

City & State

Largo, FL

City & State

Largo, FL

Zip

33771

Country

USA

Zip

33771

Country

USA

4. State/Country of Formation

FL / USA

5. Date Organized or Qualified
To Do Business in Florida

10/26/1998

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

Name

David Allen, CPA

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

3502 Henderson Blvd

Suite, Apt. #, Etc

300

City

Tampa

State

FL

Zip Code

33609

☒ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

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

David Allen

REGISTERED AGENT MUST SIGN

Date 5-17-10

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
MGR	Alexander Grantham	3535 Douglas Place	Palm Harbor, FL 34683

REINSTATEMENT 2008-10 JB

11. E-mail Address. gbranwey@tampabay-rr.com

(To be used for future annual report notifications)

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

David Allen

Date 5-17-10

Daytime Phone # 727-532-4800

Typed or printed name of signing Managing Member/Manager