

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONSFILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # L98000002700

1. Limited Liability Company's Name

GRACOUR, L.C.

REINSTATEMENT 2000-2002

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-01/29/02--01031--013

*****250.00 *****250.00

2. Principal Office Address

1005 Kane Concourse

3. Mailing Office Address

P.O. Box 1584

Suite, Apt. #, etc.

Suite 203

Suite, Apt. #, etc.

City & State

Bay Harbor Islands, FL

City & State

Brentwood, TN

Zip

33154

Country

USA

Zip

37024

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

11/16/1998

6. FEI Number

65-1157516

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

Joseph D. Sydnor, C.P.A.

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

1005 Kane Concourse

Suite, Apt. #, Etc.

Suite 203

City

Bay Harbor Islands

State

FL

Zip Code

33154

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*Joseph D. Sydnor*

REGISTERED AGENT MUST SIGN

Date 12/21/01

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	SCHMIDT, GARY	P.O. Box 1584	Brentwood, TN 37024

REINSTATEMENT

2000-2002

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.

Signature of
Managing Member/Manager*Gary Schmidt*

Date 12/4/01

Daytime Phone # 615-308-2561

Fax 615-661-5261

Typed or printed name of signing Managing Member/Manager Gary Schmidt