

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris,
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 JAN 30 PM 3:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000000616

1. Limited Liability Company's Name

GRAF-LC.

2. Principal Office Address

10472 Front Bh RD

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 9159

Suite, Apt. #, etc.

City & State

Panama City Bh

City & State

Panama City Bh

Zip Country

32407 Bay

Zip Country

32417 Bay

4. State/Country of Formation

BAY

5. Date Organized or Qualified
To Do Business in Florida

12-99

6. FEI Number

593556972

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

300004853603-8

Name

Rhonda A. FERNANDEZ

-02/01/02--01060--004

***200.00 ***200.00

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

~~P.O. Box 9159~~ 10472 Front Beach Road

Suite, Apt. #, Etc.

City

Panama City Bh

State

FL

Zip Code

32407

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

Rhonda Fernandez

X

Date 12-18-01

REGISTERED AGENT MUST SIGN

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
<u>major owner</u>	<u>Rhonda FERNANDEZ</u>	<u>P.O. Box 9159</u>	<u>P.C.B. FL 32417</u>

REINSTATEMENT

01-02
Dec

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

Rhonda Fernandez

X

Date 12-18-01

Daytime Phone #

850-258-0549

Typed or printed name of signing Managing Member/Manager

Rhonda FERNANDEZ