

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



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

AND
FILED

00 DEC 29 PM 4:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L99000001687**

1. Limited Liability Company's Name

GrassRoots Investment Group LLC

REINSTATEMENT 2000

2. Principal Office Address

P.O. Box 7636

Suite, Apt. #, etc.

City & State

Tallahassee, FL

Zip

32314

Country

USA

3. Mailing Office Address

P.O. Box 7636

Suite, Apt. #, etc.

City & State

Tallahassee, FL

Zip

32314

Country

USA

4. State/Country of Formation

Florida / USA

5. Date Organized or Qualified
To Do Business in Florida

9 / 97

6. FEI Number

59-3565008

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

Wendell Lee Holden JR.

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

4369 Big Pine Drive

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32310

200003535652-4

-01/12/01--01055--007

******155.00 ****155.00**

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

Wendell Lee Holden Jr.

REGISTERED AGENT MUST SIGN

Date **12-29-00**

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
Senior Partner	Ryan Williams	P.O. Box 7636	Tallahassee, FL 32314
Junior Partner	Charles Frazier	P.O. Box 7636	Tallahassee, FL 32314
Partner	Phillipe Tatem	P.O. Box 7636	Tallahassee, FL 32314

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

P. Tatem

Date **12-29-00**

Daytime Phone # **708-829-0541**

Typed or printed name of signing Managing Member/Manager

Phillipe Tatem