

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



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

02 JUL 26 PM 2:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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-07/30/02--01049--020  
\*\*\*\*205.00 \*\*\*\*205.00

**DOCUMENT #**

1. Limited Liability Company's Name

Gratitude Homes, L.L.C.  
L99000003058

2. Principal Office Address

407 Apache Tr.

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 1301

Suite, Apt. #, etc.

City & State

Brandon, FL.

Zip

Country

33511

U.S.

City & State

Brandon, FL.

Zip

Country

33509

U.S.

4. State/Country of Formation

Florida, U.S.

5. Date Organized or Qualified  
To Do Business in Florida

5/27/1999

6. FEI Number

593581-1023

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$3.00 Additional Fee required  
for a Certificate of Status

**8. Name and Address of Current Registered Agent**

Name

Paula Feedrick

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

407 Apache Tr.

Suite, Apt. #, Etc.

City

Brandon

State

FL

Zip Code

33511

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

*Paula Feedrick*

Date 7-23-02

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
MGR	Ed Brosnan	P.O. Box 1301	Brandon, FL 33509
MGR	The Club YANA, INC.	P.O. Box 1301	Brandon, FL 33509

**REINSTATEMENT**

07-02-02  
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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

*Ed Brosnan*

Date 7-23-02 Daytime Phone # 813-767-3608

Typed or printed name of signing Managing Member/Manager

Ed Brosnan