
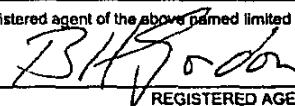
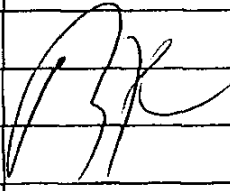
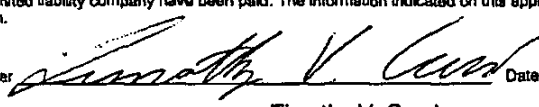
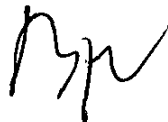


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L99000006326			
1. Limited Liability Company's Name Gray Ghost, LLC			
2. Principal Office Address 5901 Fourth Street North		3. Mailing Office Address 5901 Fourth Street North	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State St. Petersburg, FL		City & State St. Petersburg, FL	
Zip 33703	Country USA	Zip 33703	Country USA
4. State/Country of Formation Florida		5. Date Organized or Qualified To Do Business in Florida 10/4/99	
6. FEI Number		Applied For <input checked="" type="checkbox"/> Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent			
Name Bruce H. Gordon.			
Street Address (P.O. Box Number is Not Acceptable) 101 East Kennedy Boulevard			
Suite, Apt. #, Etc. Suite 2800			
City Tampa,		State FL	Zip Code 33602
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 		Date 12/13/04	
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
M	Timothy V. Curci	5901 Fourth St. North	St. Petersburg, FL 33703
MEMBER			
000043550530			
12/31/04 01004 010 #4265.00			
REINSTATEMENT 2003-2004			
			
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 		Date 12/13/04	
Typed or printed name of signing Managing Member/Manager Timothy V. Curci		Daytime Phone # 727 771 1037	

FILED  
04 DEC 14 PM 1:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CR2041 (10/02)