

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 NOV 12 AM 11:39

DOCUMENT # L00000011899

1. Limited Liability Company's Name

Gruber Plaza, L.C.

200025067962  
11/26/03--01024--007 \*\*\*150.00

2. Principal Office Address 328 Minorca Ave.		3. Mailing Office Address 4524 Gun Club Road	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 212	
City & State Coral Gables, FL		City & State West Palm Beach, FL	
Zip 33134	Country USA	Zip 33415	Country USA

4. State/Country of Formation

5. Date Organized or Qualified  
To Do Business in Florida

10/02/2000

6. FEI Number  
58-2573968

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 Reichel Realty & Investments, Inc.		
Street Address (P.O. Box Number is Not Acceptable) 4524 Gun Club Road		
Suite, Apt. #, Etc. Suite #212		
City West Palm Beach	State FL	Zip Code 33415

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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date 11-7-03

**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	Ken Gruber	PO BOX 2001	Livingston, NJ 07039

REINSTATEMENT 2003

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

*[Signature]*

Date 11-10-03

Daytime Phone # 973-403-8401

Typed or printed name of signing Managing Member/Manager

Kenneth Gruber

CR2E041 (10/02)