

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 NOV 21 PM 6:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000000992

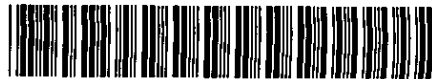
Name and Mailing Address

0017024 01 MB 0.309 **AUTO H2 0 0615 96821-250261



GANZER BROTHERS, LLC
261 PUUIKENA DRIVE
HONOLULU HI 96821-2502

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CR2E084 (7/03)

2. New Mailing Address

City, State, Zip

Principal Place of Business
261 PUUIKENA DRIVE
HONOLULU HI 96821

3. New Principal Place of Business Address
2001 Palm Beach Lakes Blvd
City, State, Zip Suite 502B
W. Palm Beach, FL 33409

4. State/Country of Formation
FL

5. Date Organized or Qualified
To Do Business in Florida 01/19/2001

6. FEI Number
52-2299134

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

STREIT, THOMAS E
222 LAKEVIEW STE 400
AKERMAN SENTERFITT
WEST PALM BEACH FL 33401

9. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

10. 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

REGISTERED AGENT MUST SIGN

Date 11/14/03

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	GANZER, GLEN D	261 PUUIKENA DRIVE	HONOLULU HI 96821

400024898194
11/21/03-01008-007 **150.00

REINSTATEMENT 2003

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12. 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 REQUIRED

Date 11/10/03

Daytime Phone # 808 377 0899

Typed or printed name of signing Managing Member/Manager