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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

CR2E084 (7/03)

2. New Mailing Address

City, State, Zip

4. State/Country of Formation: FL

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

Principal Place of Business
261 PUUIKENA DRIVE
HONOLULU HI 96821

3. New Principal Place of Business Address
2001 Palm Beach Lakes Blvd Suite 502B

City, State, Zip
W. Palm Beach, FL 33409

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	9. Name and Address of New Registered Agent
STREIT, THOMAS E 222 LAKEVIEW STE 400 AKERMAN SENTERFITT WEST PALM BEACH FL 33401	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 SIGNATURE REQUIRED Thomas E Streit Date 11/14/03

REGISTERED AGENT MUST SIGN

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		

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/Manage SIGNATURE REQUIRED Date 11/10/03 Daytime Phone # 808 377 0899

Typed or printed name of signing Managing Member/Manager