

# L03000011848

PLEASE READ 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

04 OCT 22 AM 10:02

DOCUMENT # L03000011848

1. Limited Liability Company's Name

GAMMATEK HOLDINGS, L.L.C.

2. Principal Office Address

1111 Brickell Avenue

Suite, Apt. #, etc.

11th Floor

City & State

Miami, FL

Zip

33131

Country

USA1

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

Florida / Miami-Dade

5. Date Organized or Qualified

To Do Business in Florida 04/02/2003

6. FEI Number

68-0595766

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

Ana Maria Angulo

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

5975 Sunset Drive

Suite, Apt. #, Etc.

Suite 503

City

Miami

State

FL

Zip Code

33143

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

REGISTERED AGENT MUST SIGN

Date

10/20/04

**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	Jose R. Mirabal	1111 Brickell Ave., 11th Floor	Miami, FL 33131
			000042109100 10/22/04--01050--003 **150.00
		REINSTATEMENT	2004
			11/3

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

10/20/2004

Daytime Phone# 786-488-2209

Typed or printed name of signing Managing Member/Manager

Jose R. Mirabal