


# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

<b>DOCUMENT # L04000052110</b> 1. Entity Name <b>GID 2, LLC</b>			
Principal Place of Business <b>2121 PONCE DE LEON BLVD., SUITE 1035 CORAL GABLES, FL 33134</b>		Mailing Address <b>2121 PONCE DE LEON BLVD., SUITE 1035 CORAL GABLES, FL 33134</b>	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>3038 Shipping Ave</b> Suite, Apt. #, etc.	
City & State <b>Miami Florida</b>		4. FEI Number <b>10102005 REIN-LLC CR2E101 (8/04)</b>	
Zip <b>33133</b>		Country <b>USA</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> <b>RODRIGUEZ, ROBERT W ESQ. 2121 PONCE DE LEON BLVD., SUITE 1035 CORAL GABLES, FL 33134</b>		<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <u>RR</u> <span style="float: right;">DATE: <u>10/10/05</u></span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$50.00 After January 1, 2006, Fee will be \$100.00</b>		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	
<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME <b>MGRM Rodriguez, Robert</b>	<input type="checkbox"/> Delete STREET ADDRESS <b>2121 Ponce De Leon Blvd, suite 1035</b>	TITLE NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition 
CITY-ST-ZIP <b>Coral Gables, FL 33134</b>		STREET ADDRESS <b>800060632858</b>	
		CITY-ST-ZIP <b>10/14/05--01069--010 **\$5.00</b>	
		TITLE NAME <b>REINSTATEMENT</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition 
		STREET ADDRESS <b>2005</b>	
		CITY-ST-ZIP 	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: <u>RR Robert Rodriguez, Esq.</u>		Date: <u>10/10/05</u> Daytime Phone #: <u>305-444-1446</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE</small>			