

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **L04000058674**

1. Limited Liability Company's Name  
**GTO Properties, LLC**

2. Principal Office Address - No P.O. Box #  
**10920 NE 6th Ave.**

3. Mailing Office Address  
**10920 NE 6th Ave.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Miami, FL**

City & State  
**Miami, FL**

Zip Country  
**33161 USA**

Zip Country  
**33161 USA**

8. Name and Address of Current Registered Agent

Name  
**Guillermo Pena**

Street Address (P.O. Box Number is Not Acceptable) Suite,  
**10920 NE 6th Ave.**

Apt. #, Etc.

City State Zip Code  
**Miami FL 33161**

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent

*[Handwritten Signature]*

REGISTERED AGENT MUST SIGN

Date

**4-19-16**

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
MGRM	Guillermo Pena	10920 NE 6th Ave.	Miami, FL 33161
			<b>MAY 12 2016</b>
			<b>N. GAUSSEUX</b>
			<b>REINSTATEMENT</b>
			<b>2009-2016</b>

11. E-mail Address **willie.pe360@yahoo.com**

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

*[Handwritten Signature]*

Date

**4-19-16**

Daytime Phone #

**786-554-8846**

Typed or printed name of signing authorized representative/member **Guillermo Pena**

**FILED**

16 MAY 10 AM 10:26

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

1210

CR2E041 (1/14)

4. State/Country of Formation  
**Florida**

5. Date Organized or Qualified To Do Business in Florida **08/06/2004**

6. FEI Number  
**73-1714446**

Applied For  
 Not Applicable

7. CERTIFICATE OF STATUS DESIRED  \$5.00 Additional Fee required for a certificate of status

**500285754185**  
**05/12/16--01016--023 \*\*1270.00**