

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

08 FEB 19 PM 1:55

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000038811

1. Limited Liability Company's Name

GPW, LLC

100117624721
02/08/08--01034--012 **416.23

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box # 6244 Bobby Godwin Lane		3. Mailing Office Address 2606 Centennial Place	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Tallahassee Florida		City & State Tallahassee FL 32308	
Zip 32311	Country USA	Zip 32308	Country USA

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 04/21/2005	
6. FEI Number 20-2701885	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent		
Name M H Gilbert		
Street Address (P.O. Box Number is Not Acceptable) 2606 Centennial Place		
Suite, Apt. #, Etc.		
City Tallahassee	State FL	Zip Code 32308

☒ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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

Date 02/01/2008

REGISTERED AGENT MUST SIGN

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
MGRM	Bobby H Godwin, Jr	6244 Bobby Godwin Lane	Tallahassee FL 32311
MGRM	Edgar L Godwin, Sr	6244 Bobby Godwin Lane	Tallahassee FL 32311
MGRM	Donald W Godwin	6244 Bobby Godwin Lane	Tallahassee FL 32311

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 02/01/2008

Daytime Phone # 850-878-2494

Typed or printed name of signing Managing Member/Manager

Edgar L Godwin, Sr