

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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11/19/09--01030--005 **277.50
CR2E04T (10/08)

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L07000024091

1. Limited Liability Company's Name
GFM VENTURES, L.L.C.

2. Principal Office Address - No P.O. Box # 9840 S.W. 77TH AVE. Suite, Apt. #, etc. SUITE 301 City & State MIAMI, FL Zip 33156		Country USA		3. Mailing Office Address 9840 S.W. 77TH AVE. Suite, Apt. #, etc. SUITE 301 City & State MIAMI, FL Zip 33156		Country USA	
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4. State/Country of Formation FLORIDA, USA	
5. Date Organized or Qualified To Do Business in Florida 03/05/2007	
6. FEI Number 22-3977289	Applied For <input type="checkbox"/> Not Applicable
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
WILLIAM M. LAPSLEY

Street Address (P.O. Box Number is Not Acceptable)
9840 S.W. 77TH AVE.

Suite, Apt. #, Etc.
SUITE 301

City MIAMI	State FL	Zip Code 33156
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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 William M. Lapsley Date 10/26/09
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
MGR	FERNANDO ARTEAGA	9840 S.W. 77TH AVE., SUITE 301	MIAMI, FL 33156

REINSTATEMENT 08-09 AL

11. I certify that I am managing member/manager of 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 [Signature] Date 10/26/09 Daytime Phone # (562) 2204089
Typed or printed name of signing Managing Member/Manager FERNANDO ARTEAGA