

Division of Corporations

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Attention: Gina  
Division of Corporations  
Fax Number : (850)617-6384

From: Account Name : BROAD AND CASSEL - AFFORDABLE HOUSING  
Account Number : 120160000081  
Phone : (407)839-4277  
Fax Number : (407)839-4264

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

RECEIVED  
2017 APR 10 PM 3:10  
FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

LIMITED LIABILITY REINSTATEMENT  
GMAA, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	<del>\$516.25</del>


377.50

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2017 APR 1 11:12 AM

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # L11000081635</b> 1. Limited Liability Company's Name <b>GMAA, LLC</b>			
2. Principal Office Address - No P.O. Box # <b>356 Prima Vera Cove</b> <small>Suite, Apt. #, etc.</small>		3. Mailing Office Address <b>356 Prima Vera Cove</b> <small>Suite, Apt. #, etc.</small>	
<small>City &amp; State</small> <b>Altamonte Springs, FL</b>		<small>City &amp; State</small> <b>Altamonte Springs, FL</b>	
<small>Zip</small> <b>32714</b>	<small>Country</small> <b>USA</b>	<small>Zip</small> <b>32714</b>	<small>Country</small> <b>USA</b>
4. State/Country of Formation <b>Florida</b>			
5. Date Organized or Qualified To Do Business in Florida: <b>08.09.2011</b>			
6. FEI Number:			<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <small>\$5.00 Additional Fee required for a certificate of status.</small>			
8. Name and Address of Current Registered Agent <small>Name</small> <b>B&amp;C Corporate Services of Central Florida, Inc.</b> <small>Street Address (P.O. Box Number is Not Acceptable) Suite</small> <b>390 North Orange Avenue</b> <small>Apt. #, Etc</small> <b>Suite 1400</b> <small>City</small> <b>Orlando</b>			
		<small>State</small> <b>FL</b>	<small>Zip Code</small> <b>32801</b>
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 606, F.S. <small>Signature of Registered Agent</small> <u><i>George Nadal, V.P.</i></u> <small>Date</small> <b>03.22.2017</b> <small>REGISTERED AGENT MUST SIGN</small>			
10. Names and Street Addresses of Authorized Representatives/Managers			
<small>Titles</small>	<small>Name of Authorized Representative/Manager</small>	<small>Street Address of Each Authorized Representative/Manager</small>	<small>City/State/Zip</small>
MGR	Mark H. Roberts	356 Prima Vera Cove	Altamonte Springs, FL 32714
11. E-mail Address: <b>mroberts@nassusa.com</b> <small>(to be used for future annual report notifications)</small>			
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 606, 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 606.0012, 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 declare that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.166, F.S.			
<small>Signature of authorized representative/member</small> <u><i>Mark Roberts</i></u>		<small>Date</small> <b>3/29/17</b>	<small>Daytime Phone #</small> <b>407-788-3717</b>
<small>Typed or printed name of signing authorized representative/member</small> <b>Mark H. Roberts</b>			

APR 01 2017

C. CARROTHERS

March 22, 2017

Office of the Secretary of State  
State of Florida – Filing Section

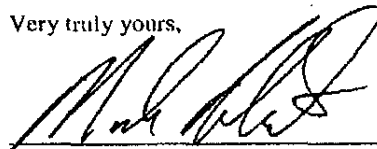
Re: GMAA, LLC  
Document Number L11000091635

Dear Sir or Madam:

The undersigned, as President of GMAA, Inc., a Florida corporation, hereby authorizes the use of the name "GMAA, LLC", a to-be-reinstated Florida limited liability company. Any potential name conflicts are hereby waived.

If you have any questions, please let me know. Thank you for your assistance.

Very truly yours,



Mark Roberts, President