2007 LIMITED PARTNERSHIP REINSTATEMENT

ANTAG LLC

SIGNATURE AND TYPED OR PRINTED NAME OF

DOCUMENT # A0600001435 1. Entity Name GAMA AUTOS LTD. 07 NOV 14 PH 2: 56 Principal Place of Business Mailing Address 1001 BRICKELL BAY RIVE 1001 BRICKELL BAY RIVE 9TH FLOOR 9TH FLOOR MIAMI, FL 33131 MIAMI, FL 33131 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite Ant # etc. Saite Apt # etc. 10082007 REIN-LP CR2E100 (1/07) City & State City & State 4. FEI Nurnber Applied For 20-8066269 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BLINN, JEFF Street Address (P.O. Box Number is Not Acceptable) 1001 BRICKELL BAY DRIVE 9TH FLOOR MIAMI, FL 33131 City Zip Code 8. Pursuant to the provisions of section 620.1810 or 620.1909, Florida Statutes, I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of Chapter 620, Florida Statutes SIGNATURE agem and title if applicable. (REGISTERED AGENT MUST SIGN) Signature, typed of rineso a In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the FILE NOW!!! FEE IS \$500.00 After January 1, 2008, Fee will be \$1000.00 A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner. 12. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY L06000116926 DOCUMENT # STREET ADDRESS NAME VANTAG LLC STREET ADDRESS 1001 BRICKELL BAY DRIVE, 9TH FLOO CITY-ST-ZIP CITY-\$1-ZIP MIAMI, FL 33131 DOCUMENT # STREET ADDRESS NAMÉ STREET ADDRESS CITY-ST-ZIP 500112281995 CITY-ST-ZIP 11/14/07---01022---024 *#500.00 DOCUMENT # STREET ADDRESS STREET ADDRESS City-St-ZiP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIP DOCUMENT **₹** STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP 14. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. 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 General Partner or the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.