


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 FEB -2 AM 10:40

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CR2E041 (8/05)

DOCUMENT # ~~1000000001496~~ *10000001496*
1. Limited Liability Company's Name
GABRIEL ANN PROPERTIES, L.L.C.

2. Principal Office Address 120 Baltic Circle Suite, Apt. #, etc.		3. Mailing Office Address 120 Baltic Circle Suite, Apt. #, etc.	
City & State Tampa, Florida		City & State TAMPA, FLORIDA	
Zip 33606	Country USA	Zip 33606	Country USA

4. State/Country of Formation
FLORIDA USA

5. Date Organized or Qualified To Do Business in Florida

6. FE Number
593649783 Applied For Not Applicable

7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
John B. Brewer Jr.
Suite, Apt. #, Etc.
1718 E. 7th Avenue
City
Tampa, State **FL** Zip Code **33606**

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 *John B. Brewer Jr.* Date **01/25/06**
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
MGM	JOEL W. BREWER	120 BALTIC CIRCLE	Tampa, Florida 33606

REINSTATEMENT 04-06

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 *Joel W. Brwer* Date **01/25/06** Daytime Phone # **813-294-2658**
Typed or printed name of signing Managing Member/Manager **JOEL W. BRWER**