

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

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DIVISION OF CORPORATIONS

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DOCUMENT # L0000000 7721

1. Limited Liability Company's Name

GCI-API, LLC

CR2E041 (8/05)

2. Principal Office Address 360 West 31st Street Suite, Apt. #, etc. 1000 City & State New York, NY Zip 10001		3. Mailing Office Address Same Suite, Apt. #, etc. City & State Country USA	
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4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 06/26/00	
6. FEI Number 65-1026092	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name Gittlin Companies, Inc.	
Street Address (P.O. Box Number is Not Acceptable) 1000 Clint Moore Road Suite 201	
Suite, Apt. #, Etc. Polo Commerce Center	
City Boca Raton, FL	State Zip Code FL 33487

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 *Bruce D. Gittlin* Date 8/11/06

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
Mgr.	Bruce D. Gittlin	360 West 31st Street Ste. 1000	New York, NY 10001

REINSTATEMENT 01-06

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 *Bruce D. Gittlin* Date 8/11/06 Daytime Phone # (212) 244-4646

Typed or printed name of signing Managing Member/Manager Bruce D. Gittlin