

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
ORIGINAL DEPARTMENT OF STATE
Division of Corporations

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03 NOV 18 1:43

1. DOCUMENT # L00000010587

Name and Mailing Address

0005644 01 AT 0.292 **AUTO T3 0 0615 33122-142781



GA DIRECT LLC

3081 N.W. 74TH AVE., SUITE 305 1665 NW 102nd Ave, Ste. 103
MIAMI FL 33122-1427 33172



REINSTATEMENT 2003

2. New Mailing Address 1665 NW 102nd Avenue Suite 103 City, State, Zip Miami, FL 33172		4. State/Country of Formation FL	
Principal Place of Business 3081 N.W. 74TH AVE., SUITE 305 MIAMI FL 33122		5. Date Organized or Qualified To Do Business in Florida 09/01/2000	
3. New Principal Place of Business Address 1665 NW 102nd Ave, Ste. 103 City, State, Zip Miami FL 33172		6. FEI Number 65-1049513 Applied For 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 ALHAMBRA REGISTERED AGENTS, INC. C/O KARP & GENAUER, P.A. 2 ALHAMBRA PLAZA, SUITE 1202 CORAL GABLES FL 33134		9. Name and Address of New Registered Agent Name Street Address (P.O. Box) 11/18/03-01033--008 **150.00 City FL Zip Code	
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10. 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 *Alhambra Registered Agents/AM* Date *11/8/13*

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	GARDENS AMERICA INCORPORATED	3081 N.W. 74TH AVE., SUITE 305	MIAMI FL 33122

12. 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 *(Signature)* Date *11/7/03* Daytime Phone # *305-640-2390*

Typed or printed name of signing Managing Member/Manager