

Division of Corporations

L00000012755

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)205-0383

From:

Account Name : PATTERSON, BOND & LATSHAW, P.A.
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 MAY 22 PM 4: 21

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LIMITED LIABILITY REINSTATEMENT

GLAD, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$200.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L00000012755

1. Limited Liability Company's Name
GLAD, LLC

2. Principal Office Address 3658 Carlton Dunes Drive		3. Mailing Office Address	
Suite, Apt. #, etc. #4		Suite, Apt. #, etc.	
City & State Fernandina Beach, FL		City & State	
Zip 32034	Country Nassau	Zip	Country

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 10/19/2000	
6. FEI Number 59-3680782	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

Name: George J. Vuturo

Street Address (P.O. Box Number is Not Acceptable): 3658 Carlton Dunes Drive

Suite, Apt. #, Etc.: #4

City: Fernandina Beach

State: FL Zip Code: 32034

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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.

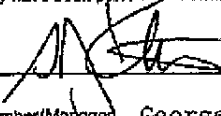
Signature of Registered Agent:  Date: May 21, 2002

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
MM	George J. Vuturo	3658 Carlton Dunes Drive #4	Fernandina Beach, FL 32034

2001-02

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:  Date: May 21, 2002 Daytime Phone # _____

Typed or printed name of signing Managing Member/Manager: George J. Vuturo