	PLEASE READ	ALL INSTRI	JCTIONS BEFORE	COMPLETING THIS FORM.
COMPANY REINSTATEMENT COMPANY COMPANY COMPANY COMPANY COMPONENT COMPONE				OL JUN-9 PM 2:57 SECRETARY OF STAIL TALLAHASSEE, FLORIDA
DOCUMENT # L00000012755 1. Limited Liability Company's Name GLAD, LLC				TALLAHASSEE, FLORIDA
2 Principal Office Address 3. Malling Office Address				600037761216 06/08/0401027009 **200.00
1			Iton Dunes Drive	4. State/Country of Formation
-Suite, Apt. F, etcSuite, Apt.		Suite, Apt. #, etc		Florida
·		City & State Amelia Is	land FL	To Do Business in Florida 10-19-2000 6. FEI Number Applied For
Zip 32034	Country USA	z _b 32034	Country	7. CERTIFICATE OF STATUS DESIRED 55.00 Additional Fee require for a Certificate of Status
		8. Nan	ne and Address of Current Registr	
Intrepid Registered Agent Services, LLC Street Address (P.O. Box Number is Not Acceptable) 225 Water Street				
<u> </u>	Jacksonville	, 4 , -		State Zip Code FL 32202
9. I, being ap Signature of Registered Age	ent SKA	named limited	dent	nd accept the obligations of Chapter 608, F.S. Date
-10. Names :	and Street Addresses of Managing M	embers/Managers_	<u> </u>	
Titles	Name of Managing Members/Mana	agers	Street Address of Ea Managing Member/Ma	
MGRM	IGRM George J. Vuturo		1658 Carlton Dunes Drive	e, Unit 4 Amelia Island, FL, 32034
				2003-2004
			<u> PLINSTATE</u>	
all fees o as If mad Signature of Managing Me	hat I am managing member/manage reinstatement application the reason wed by the limited liability company has de under oath. mber/Manager ted name of signing Managing Member	ave been paid. The i	ustee empowered to execute this appear eliminated, the limited liability conformation indicated on this application. Date 1	application as provided for in chapter 608, F.S. I further certify that when ompany name satisfies the requirements of section 608.406, F.S., and that tion is true and accurate, and my signature shall have the same legal effect Daytime Phone # 703-421-2610