L00000013719

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 OCT 21 AM 9:17

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L00000013719

1. Limited Liability Company's Name

G & L LLC

10/21 2001-2002

2. Principal Office Address	3. Mailing Office Address
1912 S. Ocean Dr.	SAME
Suite, Apt. #, etc. UNIT 11B	Suite, Apt. #, etc. SAME
City & State Hollandale Bch, FL	City & State SAME
Zip 33009 Country	Zip SAME Country

4. State/Country of Formation FLORIDA

5. Date Organized or Qualified To Do Business in Florida 11 02 99

6. FEI Number 22-3776637 ☐ 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: MRS. SARA VEMYASHEV.

Street Address (P.O. Box Number is Not Acceptable): 1912-1920 S. Ocean Drive

Suite, Apt. #, Etc.: Unit 11B

City: Hollandale Bch. State: FL Zip Code: 33009

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: S. Vemyashev. Date: 10/11/02

REGISTERED AGENT MUST SIGN

CR2E041 (9/01)

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
MGRM	OLEG GEYSTRIN	1948 E. 18 ST BKNY 11229	BROOKLYN NY 11229

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: O. Geystrin Date: 10/11/02 Daytime Phone: (917)440-8175

Typed or printed name of signing Managing Member/Manager: