

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 MAR 27 PM 12:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (10/08)

DOCUMENT # **L00000013719**

1. Limited Liability Company's Name

G & L, LLC

2. Principal Office Address - No P.O. Box #

13210 Memorial Hwy

Suite, Apt. #, etc.

MGMT OFFICE

City & State

Miami, FL

Zip

33161

Country

U.S.A.

3. Mailing Office Address

2122 BERGEN AVE

Suite, Apt. #, etc.

City & State

BROOKLYN, N.Y.

Zip

11234

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

11/2/2000

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

SARA XEMY ASHEV

Street Address (P.O. Box Number is Not Acceptable)

16425 COLLINS AVE

Suite, Apt. #, Etc.

APT 711

City

SUNNY ISLES, FL

State

FL

Zip Code

33160

☒ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

3/26/09

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	SARA XEMY ASHEV	2122 BERGEN AVE	BROOKLYN, N.Y. 11234
mgr	OLEG GEYSTRIN	1948 E. 18th ST	BROOKLYN, N.Y. 11229

REINSTATEMENT 03-09

[Signature] **3-30-09**
800147697828
03/27/09--01023--002 **971.25

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

[Signature]

Date

3/26/09

Daytime Phone

(917) 559-1663

Typed or printed name of signing Managing Member/Manager

SARA XEMY ASHEV