

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICANT FOR REINSTATEMENT OF LIMITED LIABILITY COMPANY WITH SECRETARY OF STATE
L00000014653 FILED

1. DOCUMENT # L00000014653

Name and Mailing Address

02 NOV 14 AM 11:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0002546 01 FP 0.352 **PRSR T8 0 0615 33160-220652



GHS VENTURE, LLC

552 N ISLAND DR

GOLDEN BEACH FL 33160-2206



2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 552 N ISLAND DR GOLDEN BEACH FL 33160		5. Date Organized or Qualified To Do Business in Florida 11/28/2000	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 88-0419647 APPLIED FOR	
		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 DANIELS, NICHOLAS M THERREL BAISDEN PA ONE SE 3RD AVE SUITE 2400 MIAMI FL 33131		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ Date 11/10/02

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	SINGER, GLENN H	552 N ISLAND DR	GOLDENBEACH FL 33160

REINSTATEMENT 2000
11/10/02

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 _____ Date 11/10/02 Daytime Phone # 305-692-7773

Typed or printed name of signing Managing Member/Manager GLENN H SINGER