## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| LIMITED LIABILITY COMPANY REINSTATEMENT   | FLORIDA DEPARTMEN<br>Secretary of SI<br>DIVISION OF CORPOR | tate   | SECRETARY OF STATE DIVISION: OF CORPORATIONS  05 OCT 25 AM 10: 33   |      |
|---|--|--|---|------|
| DOCUMENT # L 0000<br>1. Limited Liability Company's Name  | 1151100  |  |   |      |
| G+5 E1  | testainment  | , LLC  | CR2E041 (8/05)  |      |
| 2 Principal Office Address  | 3. Mailing Office Address                                  | NP NP  |   | _    |
| 7100 Grace RD<br>Suite, Apr. #, etc.  | 7100 Grac  | 2 LD 4. Sta                                  | FCOCIDA / USA   |      |
|   |  |  | te Organized or Qualified Do Business in Florida: 12/15/2000  |      |
| City & State  | City & State   | - FC- GEFE                                   | Number Applied For  |      |
| 21p Country VS P  | 2ip Count 3 28 9 0   | <u>-                                    </u> | TIFICATE OF STATUS DESIRED S5.00 Additional Fee required for a Certificate of Status  | ired |
|   | 8. Name and Address  | of Current Registered Agent                  |   | _    |
| Name .  | Alan Si  | agel 1                                       | <b>400060917694</b><br>0/25/0501036009 **300 00   |      |
| Street Address (P.O. Box Number is N  |  | -0-  | 00  |      |
| Suite, Apt. #, Etc.   | <u> </u>   | 01426  |   |      |
| City O(   | lando, Fl  | ,  | State Zip Code FL 328/9   |      |
| 9. i, being appointed the registered agent of the abo   | ve named limited flability company, a                      | am familiar with and accept the              | e obligations of Chapter 608, F.S.  |      |
| Signature of Registered Agent Date 10/62/05 REGISTERED AGENT MUST/SIGN                                      |  |  |   |      |
| 10. Names and Street Addresses of Managing Men  | nbers/Managers   |  |   | コ    |
| Titles Name of Managing Members/ Managi   | ers St<br>Mana   | reet Address of Each<br>aging Member/Manager | City / State / Zip  |      |
| MGR Alan Siege  | 001C /   | Grace LI                                     | Oclardo FL 3%   | 1/9  |
| 0   | -  | ~  | AST PROPOSED AND ALC  | ı    |
|   |  | <b>MEMDA</b>                                 |   |      |
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| ·   |  |  |   |      |
| filing this reinstatement application the reason for  | dissolution has been eliminated, the                       | limited liability company name               | provided for in chapter 608, F.S. I further certify that when satisfies the requirements of section 608.406, F.S., and that d accurate, and my signature shall have the same legal effect | t [  |
| filing this reinstatement application the reason for<br>all fees owed by the limited liability company have | dissolution has been eliminated, the                       | limited liability company name               | satisfies the requirements of section 608.406, F.S., and that   | t [  |