2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L01000003966

Entity Name: GAF LC

FILED Sep 22, 2005 Secretary of State

New Principal Place of Business: Current Principal Place of Business: FORT PIERCE, FL 34982 **Current Mailing Address: New Mailing Address:** PO BOX 551 PENNSAUKEN, NJ 08110 FEI Number: 59-3722227 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SHUMAN, EDWARD SHUMAN, EDWARD 2835 S US 1, 2835 S US 1 (905)FORT PIERCE, FL 34982 US FORT PIERCE, FL 34982 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: EDWARD SHUMAN 09/22/2005 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM () Delete Title: () Change () Addition SHUMAN, EDWARD Name: Name: Address: PO BOX 551 Address: City-St-Zip: PENNSAUKEN, NJ 08110 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: SHUMAN, WENDY Name: Address: 2835 S. US 1 Address: City-St-Zip: FT. PIERCE, FL 34982 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition SUNWORKS TRUST, Name: Name: Address: P.O. BOX 551 Address: City-St-Zip: PENNSAUKEN, NJ 08110 US City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ED SHUMAN MGRM 09/22/2005