

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2009 FEB 13 PM 3:33

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # L01000003966**

1. Limited Liability Company's Name

GAF LLC

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

2835 S. US 1

Suite, Apt. #, etc.

City & State

Ft. Pierce, FL

Zip

34982

Country

US

3. Mailing Office Address

PO Box 551

Suite, Apt. #, etc.

City & State

Pennsauken, NJ

Zip

08110

Country

US

4. State/Country of Formation

FL/US

5. Date Organized or Qualified

To Do Business in Florida 3/13/2001

6. FEI Number

593722227

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00

**8. Name and Address of Current Registered Agent**

Name

Edward Shuman

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

2835 US 1

Suite, Apt. #, Etc.

City

Ft. Pierce

State

FL

Zip Code

34982

☒ 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

Date 2/3/09

REGISTERED AGENT MUST SIGN

**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	Edward Shuman	2835 S. US 1	Ft. Pierce, FL 34982
Mgrm	Wendy Shuman	2835 S. US 1	Ft. Pierce, FL 34982
Mgrm	Sunworks Trust	PO Box 551	Pennsauken, NJ 08110
			100143030351 02/06/09--01044--004 **416.25
			REINSTATEMENT 07-09 AL

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

Date 2/3/09

Daytime Phone# 888-962-7888

Typed or printed name of signing Managing Member/Manager Edward Shuman