

LO1000005177

APPROVED
AND
FILED

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1062

FAX AUDIT NO.: H03000287394

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000005177

1. Limited Liability Company's Name

GC & ASSOCIATES HOLDINGS, LLC

REINSTATEMENT

2002-
2003

2. Principal Office Address

18671 Collins Avenue

Suite, Apt. #, etc.

Unit 1202

City & State

Sunny Isles, Florida

Zip

Country

33160

USA

3. Mailing Office Address

2 S. Biscayne Blvd.

Suite, Apt. #, etc.

Suite 3400

City & State

Miami, Florida

Zip

Country

33131

USA

4. State/Country of Formation

Florida

**5. Date Organized or Qualified
To Do Business in Florida**

April 3, 2001

6. FEI Number

☒ 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

Valdes-Fauli Corporate Services, Inc.

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

2 South Biscayne Boulevard

Suite, Apt. #, Etc.

Suite 3400

City

Miami

State

FL

Zip Code

33131

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.

Valdes-Fauli Corporate Services, Inc.

Signature of
Registered Agent

Arthur J. Furia

ARTHUR J. FURIA, VP

REGISTERED AGENT MUST SIGN

Date

9/20/03

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	Cohen, Gerard M.	18671 Collins Avenue, Unit 1202	Sunny Isles, Florida 33160

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

Gerard M. Cohen

Date 9/29/03

Daytime Phone # 305-932-0534

Typed or printed name of signing Managing Member/Manager Gerard M. Cohen

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Division of Corporations

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Florida Department of State
Division of Corporations
Public Access System

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LIMITED LIABILITY REINSTATEMENT

GC & ASSOCIATES HOLDINGS, LLC

Certificate of Status	0
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\$150.00

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