

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 NOV -4 PM 4:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000005812

Name and Mailing Address

0004492 01 FP 0.352 \*\*PRSR T4 0 0615 33442-301722

GGH&S MANAGEMENT CO., LLC

222 SOUTH MILITARY TRAIL

DEERFIELD BEACH FL 33442-3017

400008780624  
11/04/02--01058--012 \*\*150.00



2. New Mailing Address

SAME AS ABOVE

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

04/10/2001

Principal Place of Business

222 SOUTH MILITARY TRAIL  
DEERFIELD BEACH FL 33442

3. New Principal Place of Business Address

SAME

City, State, Zip

6. FEI Number

65-119327

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

MERRILL A. BOOKSTEIN COUNSELOR AT LAW, PA  
2499 GLADES ROAD SUITE 308  
BOCA RATON FL 33431

9. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date

10/31/02

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

PRES. SEYMOUR GORDON

MANAGING PARTNER

1201 S. OCEAN DR. APT 1601 N.  
HOLLYWOOD, FLA. 33019

CONTROLLER MARTIN GORDON

11210 NW 5th ST  
CONAL SPRINGS, FL. 33071

REINSTATEMENT

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

10/31/02

Daytime Phone #

954 592 8211

Typed or printed name of signing Managing Member/Manager