

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2010 NOV -9 AM 10:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000006387

1. Limited Liability Company's Name

G.E.W REAL ESTATE, LLC

600187551858
11/05/10--01054--003 #213.75

CR2E041 (05/10)

2. Principal Office Address - No P.O. Box # 125 GULF SHORE BLVD. N		3. Mailing Office Address 125 GULF SHORE BLVD. N	
Suite, Apt. #, etc. N/A		Suite, Apt. #, etc. N/A	
City & State NAPLES, FLORIDA		City & State NAPLES, FLORIDA	
Zip 34102	Country US	Zip 34102	Country US

4. State/Country of Formation FL. US	
5. Date Organized or Qualified To Do Business in Florida 04/25/2001	
6. FEI Number 311775476	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name WEST, GARY E.		
Street Address (P.O. Box Number is Not Acceptable) 125 GULF SHORE BLVD. N		
Suite, Apt. #, Etc. N/A		
City NAPLES	State FL	Zip Code 34102

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

Gary E. West
REGISTERED AGENT MUST SIGN

Date 11/3/10

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	WEST, GARY E.	125 GULF SHORE BLVD. N	NAPLES, FL. 34102

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11. E-mail Address: MARC@MARC OATES LAW.COM

(To be used for future annual report notifications)

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

Gary E. West
Typed or printed name of signing Managing Member/Manager GARY E. WEST

Date 11/3/10

Daytime Phone # 304-281-9192

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