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AND  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L01000008765

1. Limited Liability Company's Name:  
GJ Enterprises, L.L.C.

**REINSTATEMENT**

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2. Principal Office Address 3487 NW 167th Street Suite, Apt, #, etc.		3. Mailing Office Address 3487 NW 167th Street Suite, Apt, #, etc.		4. State/Country of Formation Florida	
City & State Miami, FL		City & State Miami, FL		5. Date Organized or Qualified To Do Business in Florida 6/1/2001	
Zip 33056	County Miami-Dade	Zip 33056	County Miami-Dade	6. FEI Number 65-1109175	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>				Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent		
Name Gilbert McCoy		
Street Address (P.O. Box Number is NOT Acceptable) 3487 NW 167th Street		
Suite, Apt, #, etc.		
City Miami	State FL	Zip Code 33056

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 Gilbert McCoy Date 8-1-03

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
Member	Gilbert McCoy <u>MGRM</u>	3487 NW 167th Street	Miami FL 33056

JB

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 Gilbert McCoy Date 8-7-03 Daytime Phone # 312-781-6640  
Type or print name of signing Managing Member/Manager Gilbert McCoy, Member MGRM

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Florida Department of State  
Division of Corporations  
Public Access System

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**LIMITED LIABILITY REINSTATEMENT**

**GJ ENTERPRISES, L.L.C.**

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