· And	PLEASE RE	AD ALL IN	STRUCTIONS BEFOR	E COMPLE	TING	THIS FORM.		
COMPANY			DA DEPARTMENT OF STAT  Jim Smith  Secretary of State		FILED			
DIVISION OF CORPORATIONS					02 OCT 24 PM 2: 37			
DOCUMENT # LOT QQQQQ9500  1. Limited Liability Company's Name  GULFSTREAM CONDOMINIUMS OF LAS OLAS 244				T	SECHLIARY OF STATE TALEAHASSEE, FLORIDA			
					200002698992 10/30/0201065008 **55.00			
			ng Office Address	4 2 3				
Suite, Apt.	#, etc.		Suite, Apt. #, etc.		4. State/Country of Formation FLORIDA			
City & State	<del></del>	City & Sta	City & State		5. Date Organized or Qualified To Do Business in Florida 06/13/2002			
FT. LAU	JDERDALE, FL		FT. LAUDERDALE, FL		<b>6.</b> FEI Number 65–1113462		Applied For	
<sup>Zip</sup> 33316	Country	Zip 33316	Country	7.	<u> </u>	US DESIRED S5.00 A	Not Applicable	
		8.	Name and Address of Current Regi		TE OF STAT	for a	Certificate of Status	
9. I, being Signature of Registered	•	e above named lim	ited liability company, am familiar with a	nd accept the obliga	State FL ations of Ch	-		
10. Name	s and Street Addresses of Managing							
Titles	Name of Managing Members/ M	anagers	Street Address of Each Managing Member/Manager			City / State / Z	, , , , , , , , , , , , , , , , , , ,	
/JGRM	GEOMIS INVESTMENTS, INC.		320 SE 18TH STREET		FT. LAUDERDALE, FL 33316			
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	,				10	124/02	118	
all fees o	that I am managing member/manags reinstatement application the reaso owed by the limited liability company de under oath.	er or the receiver on for dissolution had have been paid. The	or trustee empowered to execute this ap is been eliminated, the limited liability con ne information indicated on this application	plication as provide npany name satisfie n is true and accura	ed for in cha s the requirate, and my	pper 608, F.S. I further of ements of section 608.40 signature shall have the	pertify that when 16, F.S., and that same legal effect	
	ember/Manager	bor/Mon- Gi	Date 10,	/22/02 as PRES of 0	aytime Pho	954-467-813	INC MCBA	
or bitte		vor/ivianager			,,,,,		, וואט. ועוטאוי	