

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L01000010622

Entity Name: GADPA HOLDINGS, L.C.

FILED
Oct 30, 2008
Secretary of State

Current Principal Place of Business:

1990 SW 141 AVE
MIAMI, FL 33175

New Principal Place of Business:

400 NW 129 AVE
MIAMI, FL 33182

Current Mailing Address:

1990 SW 141 AVE
MIAMI, FL 33175

New Mailing Address:

400 NW 129 AVE
MIAMI, FL 33182

FEI Number: 90-0040869 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

PERDOMO, HENRY
1990 SW 141 AVE
MIAMI, FL 33175 US

Name and Address of New Registered Agent:

PERDOMO, HENRY
400 NW 129 AVE
MIAMI, FL 33182 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: HENRY PERDOMO

10/30/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PERDOMO, HENRY
Address: 1990 SW 141 AVE
City-St-Zip: MIAMI, FL 33175

Title: MGRM () Delete
Name: PERDOMO, NANETH
Address: 1990 SW 141 AVE
City-St-Zip: MIAMI, FL 33175

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PERDOMO, HENRY
Address: 400 NW 129 AVE
City-St-Zip: MIAMI, FL 33182

Title: MGRM (X) Change () Addition
Name: PERDOMO, NANETH
Address: 400 NW 129 AVE
City-St-Zip: MIAMI, FL 33182

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: HENRY PERDOMO

MR

10/30/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date