

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2005 APR 22 PM 3: 53

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # L01000018719

1. Limited Liability Company's Name

The GTO Group, LLC

2. Principal Office Address

12839 STANWYCK Circle

Suite, Apt. #, etc.

3. Mailing Office Address

12839 STANWYCK Cir.

Suite, Apt. #, etc.

City & State

TAMPA FL.

City & State

TAMPA FL.

Zip

33626

Country

USA

Zip

33626

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

10/30/2001

6. FEI Number

651148399

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

Name

EUGENE L. CAIAZZO

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

12839 STANWYCK Circle

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33626

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

Eugene L. Caiazzo

REGISTERED AGENT MUST SIGN

Date

4/19/2005

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
MEM	Eugene Caiazzo	12839 STANWYCK Circle	TAMPA, FL. 33626
			000023666720 10/09/03 01050 002 \$50.00
		REINSTATEMENT	2003-05

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

Eugene L. Caiazzo

Date

4/19/05

Daytime Phone #

813 925-3773

Typed or printed name of signing Managing Member/Manager

Eugene L. Caiazzo

CR2E041 (10/02)