

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2004 MAY 21 AM 8:48

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # L01000021239

1. Limited Liability Company's Name

GDB, LLC

2. Principal Office Address

13336 N CENTRAL AVE.

Suite, Apt. #, etc.

City & State

TAMPA, FL

Zip

33612

Country

USA

3. Mailing Office Address

P.O. BOX 280051

Suite, Apt. #, etc.

City & State

TAMPA, FL

Zip

33682

Country

USA

4. State/Country of Formation

FLORIDA

**5. Date Organized or Qualified
To Do Business in Florida**

12/07/01

6. FEI Number

59-3760977

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

KEITH W. KOEHLER CPA

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

1611 WEST PLATT STREET

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33606

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

[Signature] CPA

Date

4/16/04

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
MGR	DAVID BEKHOR	13336 NORTH CENTRAL AVENUE	TAMPA, FL 33612

REINSTATEMENT

2003-048

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

[Signature]

Date

4/15/04

Daytime Phone #

813-855-7671

Typed or printed name of signing Managing Member/Manager

DAVID BEKHOR

CR2ED41 (10/02)

2 of 2

KOEHLER & COMPANY

A PROFESSIONAL ASSOCIATION

CERTIFIED PUBLIC ACCOUNTANTS AND BUSINESS ADVISORS

MEMBERS OF THE AMERICAN
INSTITUTE AND THE FLORIDA
INSTITUTE OF CERTIFIED
PUBLIC ACCOUNTANTS

TELEPHONE (813) 258-1272
FACSIMILE (813) 258-2422
WEB SITE: WWW.CPA-TAMPA.COM
E-MAIL: KOEHLER@CPA-TAMPA.COM

April 16, 2004

Florida Department of State
Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, Florida 32314

FILED
2004 MAY 21 AM 8:49
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Regarding: GDB, LLC


To Whom it May Concern:

Enclosed please find a check payable to the Department of State for \$55.00 and Form 2003 Application for Reinstatement for the above referenced corporation, representing the \$50 fee and \$5.00 for a certificate of status.

*Please be advised that the above referenced limited liability company **never** received the original annual report or the second report and accordingly, should not be subject to the late fee. This statement should be sufficient to allow you to waive this late fee.*

If you have any questions, please call me directly at (813) 258-1272.

Very Truly Yours,



Keith W. Koehler