

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

NOV 28 AM 10:18

DOCUMENT # **LD200002898**

1. Limited Liability Company's Name

GIMBEL HOLDING CO. (FLORIDA), LLC

2. Principal Office Address

5296 Boca Marina Circle South

Suite, Apt. #, etc.

City & State

Boca Raton, Florida

Zip

33487

Country

U.S.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified To Do Business in Florida

02/21/2005

6. FEI Number

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required for a Certificate of Status

800082117348
11/28/06---01075---000 **150.00
CR2E04T (8/05)

8. Name and Address of Current Registered Agent

Name

Howard B. Nadel

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

301 W. Hallandale Beach Blvd.

Suite, Apt. #, Etc.

City

Hallandale Beach

State

FL

Zip Code

33009

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

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date

11/7/06

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
MGRM	Bernard Gimbel	5296 Boca Marina Circle South	Boca Raton, Florida 33487
MGRM	Diane Gimbel	5296 Boca Marina Circle South	Boca Raton, Florida 33487

REINSTATEMENT 05-06

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

[Handwritten Signature]

Date

11/17/06

Daytime Phone

X

Typed or printed name of signing Managing Member/Manager

DIANE GIMBEL