

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

16 NOV 28 AM 10: 18

DOCUMENT # LO2000002898

1. Limited Liability Company's Name

GIMBEL HOLDING CO. (FLORIDA), LLC

800082117348
11/28/06--01075--009 **150.00
CR2E041 (8/05)

2. Principal Office Address 5296 Boca Marina Circle South		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Boca Raton, Florida		City & State	
Zip 33487	Country U.S.	Zip	Country
4. State/Country of Formation Florida			
5. Date Organized or Qualified To Do Business in Florida 02/21/2005			
6. FEI Number <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable			
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status			

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

Date

11/7/06

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
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

Date

11/11/06

Daytime Phone#

X

Typed or printed name of signing Managing Member/Manager **DIANE GIMBEL**