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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

The image shows a large, bold application number '0200000' in black ink. To the left of the number is the official seal of the Florida Department of State. The seal is circular with a border containing the text 'THE STATE OF FLORIDA' and 'FLORIDA DEPARTMENT OF STATE'. Inside the border, it features a central emblem with a figure and the words 'THE FLORIDA DOCTRINE' and '1845'. The seal is partially obscured by the large application number.

305/

DOCUMENT # L02000003051

Name and Mailing Address

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GIBRALTER ACQUISITIONS, LLC
8961 S.W. 176TH STREET
MIAMI FL 33157-5844



REINSTATEMENT

2. New Mailing Address <i>P.O. Box 430607</i>	4. State/Country of Formation FL				
City, State, Zip <i>MIAMI FL 33243-0607</i>	5. Date Organized or Qualified To Do Business in Florida 02/07/2002				
Principal Place of Business 8961 S.W. 176TH STREET MIAMI FL 33157	3. New Principal Place of Business Address 6. FEI Number <i>82-0569865</i> <table border="1" data-bbox="1359 802 1511 819"> <tr> <td data-bbox="1359 802 1406 819">Applied For</td> <td data-bbox="1406 802 1511 819"></td> </tr> <tr> <td data-bbox="1359 819 1406 827"></td> <td data-bbox="1406 819 1511 827">Not Applicable</td> </tr> </table>	Applied For			Not Applicable
Applied For					
	Not Applicable				
City, State, Zip	7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status				

CR2E084 (7/03)

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
KOENIGSBERG, JAY ESQ. 1101 BRICKELL AVENUE, SUITE 800 SOUTH MIAMI FL 33131	Name <i>ANNA MARIA ANGULO</i> <small>Street Address (P.O. Box Number is Not Portable)</small> <i>3975 Sunset Drive STE #503</i> <small>City</small> <i>South Miami</i> <small>FL</small> <small>Zip Code</small> <i>33143</i>

10. 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

~~lited the registered agent of the above named limited liability company, a~~
~~C-attached~~ ~~JURE REQUIRERE~~

Date

11. Names and Street Addresses of Each Managing Member/Manager

12. 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/Manage

~~Signature~~ REQUIRED

Date

Daytime Phone (305) 281-6595

Typed or printed name of signing Managing Member/Manager