

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Glen St. H...
Sec...
VISION...CORP...ONS

L02000003051

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 P.O. Box 430607		4. State/Country of Formation FL	
City, State, Zip MIAMI FL. 33243-0607		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 City, State, Zip	6. FEI Number 82-0569865	Applied For 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 KOENIGSBERG, JAY ESQ. 1101 BRICKELL AVENUE, SUITE 800 SOUTH MIAMI FL 33131	9. Name and Address of New Registered Agent Name ANA MARIA ANGULO Street Address (P.O. Box Number is Not Applicable) 3975 Sunset Drive Ste #503 City South Miami FL Zip Code 33143
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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 *[Signature]* DATE REQUIRED *12/17/03*
REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MANAGER DIRECTOR	JOSÉ PICOS	8961 SW 176 Street	Palmdale Bay FL. 33157

100024950661 11/24/03--01024--009 **150.00 9/26/03 90003 006 \$50.00	
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REINSTATEMENT

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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/Manager *[Signature]* DATE REQUIRED *12/17/03* Date _____ Daytime Phone *(305) 281-6595*

Typed or printed name of signing Managing Member/Manager _____