

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2004 MAR -9 PM 4:09
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA

**LIMITED LIABILITY
 COMPANY
 REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # L02000003920
 1. Limited Liability Company's Name
 GB 183, L.C.

~~100030247091~~
 100030247091
 03/10/04--01077--001 **100.00

2. Principal Office Address 165 GOLDEN BEACH DRIVE		3. Mailing Office Address 165 GOLDEN BEACH DRIVE		4. State/Country of Formation FL	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Date Organized or Qualified To Do Business in Florida 2/19/02	
City & State GOLDEN BEACH, FL		City & State GOLDEN BEACH, FL		6. FEI Number 51-0458380	
Zip 33160	Country USA	Zip 33160	Country USA	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

Name
BENHAMOU, GILBERT

Street Address (P.O. Box Number is Not Acceptable)
165 GOLDEN BEACH DRIVE

Suite, Apt. #, Etc.

City
GOLDEN BEACH

State
FL

Zip Code
33160

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

REGISTERED AGENT MUST SIGN

Date 1/14/04

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	BENHAMOU, GILBERT	165 GOLDEN BEACH DRIVE	GOLDEN BEACH, FL 33160

REINSTATEMENT 2003-04

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 1/14/04 Daytime Phone# 305-776-7778

Typed or printed name of signing Managing Member/Manager GILBERT BENHAMOU

CR2E041 (10/02)



CG Accounting Corporation

4101 Ravenswood Road, Suite 111, Fort Lauderdale, FL 33312 (954) 327-4617 Fax (954) 327-4618

January 14, 2003

Division of Corporations
PO Box 6327
Tallahassee, FL 32314-6327

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**Re: GB 183, L.C.
#L02000003920
UBR - 2003, 2004**

Dear State of Florida Representative,

We are the accountants for the above named taxpayer. This corporation never received their UBR FOR 2003 in the mail. We sent an e-mail (copy enclosed) to advise us how to proceed.

We are submitting the reinstatement application together with the \$100 fee (\$50 for 2003 and \$50 for 2004). We appreciate the abatement of the reinstatement fee.

If any additional information is needed, please contact us.

Very truly yours,


David Goldis

DTG/cb