

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

08 MAR -7 PM 1:08

DOCUMENT # 202 0000 11784

1. Limited Liability Company's Name

G & O Management, L.L.C.

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box #

976 25th Street

Suite, Apt. #, etc.

3. Mailing Office Address

Post Office Box 650542

Suite, Apt. #, etc.

City & State

Vero Beach, Florida

City & State

Vero Beach, Florida

Zip

32960

Country

US

Zip

32965

Country

US

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

05/15/02

6. FEI Number

061665579

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Rossway Moore & Taylor, P.L.C.

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

5070 North Highway A-1-A

Suite, Apt. #, Etc.

Suite 200

City

Vero Beach

State

FL

Zip Code

32963

☐ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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 March 4, 2008

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	Dominick Darcangelo	976 25th Street	Vero Beach, Florida 32960

100119697701
03/07/08--01038--007 **655.00

REINSTATEMENT

05-08
Vero

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 3/4/08

Daytime Phone # (772) 473-1870

Typed or printed name of signing Managing Member/Manager Dominick Darcangelo