

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS**

FILED
2014 FEB -6 PM 2:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # LO2-12235

1. Limited Liability Company's Name

GB & A, LLC

100256460181
02/07/14--01001--017 **798.75

CR2E041 (12/13)

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

410 SW 128 AVE

Suite, Apt. #, etc.

City & State

MIAMI, FL.

Zip

33184

Country

USA

3. Mailing Office Address

410 SW 128 AVE

Suite, Apt. #, etc.

City & State

MIAMI, FL.

Zip

33184

Country

USA

4. State/Country of Formation

FLORIDA, USA

5. Date Organized or Qualified
To Do Business in Florida

05/20/2002

6. FEI Number

☐ 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

GABRIEL A. COSTA, MD

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

410 SW 128 AVE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33184

E-mail Address:

GACMD@AOL.COM

(To be used for future annual report notices)

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10. Names and Addresses of Each Person Authorized to manage the Limited Liability Company

Titles AMBRMGR	Name of Authorized Person	Street Address of Each Authorized Person	City / State / Zip
MGRM	<u>DIVINA C. COSTA</u>	<u>410 SW 128 AVE</u>	<u>MIAMI, FL. 33184</u>
MGRM	<u>GABRIEL A. COSTA, ESQ</u>	<u>16394 NW 87 PL</u>	<u>MIAMI LAKES, FL 33018</u>
MGRM	<u>BRIAN C. COSTA, ESQ</u>	<u>6790 SW 51 ST</u>	<u>MIAMI, FL. 33166</u>
MGRM	<u>ALEXANDER N. COSTA</u>	<u>12200 SW 20 TERR. APT 14</u>	<u>MIAMI, FL. 33175</u>
	<u>REINSTATEMENT 10-14</u>		

11. I certify that I am an authorized person empowered to execute this application as provided for in Chapter 605, 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 Chapter 605, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.156, F.S.

Signature of

\$XMKRULJHG 3HUVQR

Date

Daytime Phone #

(305) 444 4546

Typed or printed name of signing Authorized Person