LIMITED LIABILITY COMPANY REINSTATEMENT		DEPARTMENT OF STATE Secretary of State	S IVIO	NG THIS FORM. ECRETARY OF STATE SION OF CORPORATIONS JUL 16 AM 6: 54		
DOCUMENT # LOACCOIA 776 1. Limited Liability Company's Name			01	OUL TO AIT OF OU		
GoryAF, LLC						
2. Principal Office Address - No P.O. Box #	3. Mailing O	ffice Address		CR2E041 (1/07)		
1109 B RUSSELL DR. 1109 B Suite, Apt. #, etc. Suite, Apt. #, e City & State Flighland Beach; Fl Highl		s Russell DR.	4. State/Country of Formation			
		5. Date 0		panized or Qualified usiness in Florida		
		AND Beach, FL	6. FEI Number Applied For Not Applied For			
33481 USA	3348	Country USIA	7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status			
8. Name and Address of Current Registered Agent Name LC YAFFC Street Address (P.O. Box Number is Not Acceptable) 1 09 ROSSELL DR Suite, Apt. #, Etc. APT B City Hahlard Beach State Zip Cor 33497			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 Date						
10. Names and Street Addresses of Managing Mer	nbers/Managers					
	Name of Managing Members/Managers		Street Address of Each Managing Member/Manager		City / State / Zip	
GRM Lee YAFFE		1109 B Russell DR.		Highlauid Beach	,FL 33487	
000105350530 07.718.07-01055-001 **200.00 REINSTATEMENT 2004-2007						
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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 filling 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 Manager						