

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2004 OCT 20 AM 8:41

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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10/20/04--01084--001 **200.00

DOCUMENT # L02000014161

1. Limited Liability Company's Name

GM INVESMTENT GROUP, LLC

2. Principal Office Address

7739 SANDERLING ROAD

Suite, Apt. #, etc.

3. Mailing Office Address

PO BOX 3319

Suite, Apt. #, etc.

City & State

SARASOTA, FL

City & State

SARASOTA, FL

Zip

34242

Country

Zip

34230

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

6/10/2002

6. FEI Number

01-0733185

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

GREGORY MONTWILL

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

7739 SANDERLING ROAD

Suite, Apt. #, Etc.

City

SARASOTA

State

FL

Zip Code

34242

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

Gregory Montwill
REGISTERED AGENT MUST SIGN

Date

10/15/04

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
MGRM	GREGORY MONTWILL	7739 SANDERLING ROAD	SARASOTA, FL 34242
MGRM	JOSEPHINE DICHARA	7739 SANDERLING ROAD	SARASOTA, FL 34242

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

Gregory Montwill

Date

10/15/04

Daytime Phone #

941 539-1914

Typed or printed name of signing Managing Member/Manager

GREGORY MONTWILL

CR2E041 (10/02)