L20000197997

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H11000034854 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

0409.142284

To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : CORPDIRECT AGENTS, INC.
Account Number : 110450000714
Phone : (850)222-1173
Fax Number : (850)224-1640

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LIMITED LIABILITY REINSTATEMENT
GNOME INVESTMENTS & ADVISORY SERVICES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	~~$932.50~~ 932.50

RECEIVED
11 FEB -9 PM 12:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
11 FEB -9 AM 8:29
SECRETARY OF STATE
DIVISION OF CORPORATIONS

T. HAMPTON
FEB 10 2011
EXAMINER

Electronic Filing Menu Corporate Filing Menu Help

H11000034854 3

FILED
11 FEB -9 AM 8:29
SECRETARY OF STATE
DIVISION OF CORPORATIONS

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000019797

1. Limited Liability Company's Name:

GNOME INVESTMENTS & ADVISORY SERVICES, LLC

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
19495 Biscayne Boulevard	19495 Biscayne Boulevard
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Suite 809	Suite 809
City & State	City & State
Aventura, FL	Aventura, FL
Zip / Country	Zip / Country
33180 / USA	33180 / USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified to Do Business in Florida: 8/05/2002

6. FEI Number: 22-3862193 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

8. Name and Address of Current Registered Agent

Name: NRAI Sevices, Inc.

Street Address (P.O. Box Number is Not Acceptable):
515 East Park Avenue

Suite, Apt. #, etc.:

City: Tallahassee | State: FL | Zip Code: 32301

E-mail Address:

ena@blfrost.sk
(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 608, F.S.

Signature of Registered Agent: Michele Holden, Asst. Secretary Date: 02/09/11

REGISTERED AGENT MUST SIGN

10. Name and Street Address of Managing Member(s)/Manager(s)

Title	Name of Managing Member(s)/Manager(s)	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Gnome Holdings, Inc.	19495 Biscayne Boulevard, Suite 809	Aventura, Florida 33180
PST	Eric Assimakopoulos	19495 Biscayne Boulevard, Suite 809	Aventura, Florida 33180

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 again 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 any signature that 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.817.155, F.S.

Signature of Managing Member/Manager: _____ Date: 2/9/11 Daytime Phone #: (305) 931-2225

Typed or printed name of signing Managing Member/Manager: Eric Assimakopoulos

H11000034854 3

REINSTATEMENT 2006-2011