

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

1 of 2

FILED

03 OCT 30 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000021451

Name and Mailing Address

0005565 01 AT 0.292 **AUTO T2 3 0615 33076-174800
GPB "LLC"
5100 NW 103RD TERRACE
CORAL SPRINGS FL 33076-1748



US

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 08/16/2002	
Principal Place of Business 5100 NW 103RD TERRACE CORAL SPRINGS FL 33076 US	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 37-1450299	Applied For Not Applicable
8. Name and Address of Current Registered Agent HOLDSWORTH, PATRICIA M 5100 NW 103RD TERRACE CORAL SPRINGS FL 33076		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent			
Name			
Street Address (P.O. Box Number is Not Acceptable)		400024289734	
		10/30/03--01051--025 **50.00	
City		FL Zip Code	
10. 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 <u>Patricia M. Holdsworth</u> REQUIRED Date <u>10-26-03</u> REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	HOLDSWORTH, GARY A	5100 NW 103RD TERRACE	CORAL SPRINGS FL 33078
12. 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 <u>[Signature]</u> Date <u>10/27/03</u> Daytime Phone # <u>(954) 609-6080</u> Typed or printed name of signing Managing Member/Manager			

CR2E084 (7/03)

STATEMENT - 03 -
dec

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TO: FLORIDA DEPARTMENT OF STATE

10/27/03

FR: GPB "LLC"
5100 NW 103rd Terr
Coral Springs, FL. 33076

I received a reinstatement notice (document # 102000021451) in the mail. I did not receive any prior notices to send in and this is my first year. I called your office and was told that 2 notices had been sent. For some reason I did not receive these. I certainly want to keep current and have paid my sales taxes on time etc.

I was told that I should write this letter explaining my situation along with a check for \$50.00.

I apologize for any inconvenience this caused.. Please accept my reinstatement.

Thank you in advance

Sincerely,



Gary Holdsworth
Mgr.. GPB

(954) 609-6080