

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JAN 29 PM 4:17

1. DOCUMENT # L02000022172

Name and Mailing Address

0008536 01 AT 0.292 **AUTO T1 0 0615 33316-115275



GCG VENTURES, L.L.C.
800 SE 3 AVE., STE. 300
FT LAUDERDALE FL 33316-1152



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 08/28/2002	
Principal Place of Business 800 SE 3 AVE., STE. 300 FT LAUDERDALE FL 33316	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 20-0631819	Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent GOLDING, SHELDON 800 SE 3 AVE., STE. 300 FT LAUDERDALE FL 33316	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 600027892326 01/29/04--01059--004 **200.00 City FL Zip Code
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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 SIGNATURE REQUIRED Date Jan. 12, 2004

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
MGRM	John Grille	800 SE 3 Avenue, #300	Ft. Lauderdale FL 33316
MGR	Joseph Cordova	800 SE 3 Avenue, #300	Ft. Lauderdale FL 33316
MGR	Sheldon Golding	800 SE 3 Avenue, #300	Ft. Lauderdale FL 33316

REINSTATEMENT 03-04

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 SIGNATURE REQUIRED Date Jan. 12, 2004 Phone # 954-763-2122

Typed or printed name of signing Managing Member/Manager