

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRET
DIVISION 111

07 OCT 24 PM 4:00

DOCUMENT # 202000026947

1. Limited Liability Company's Name

GMTS HOLDINGS, L.L.C.

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #
12450 W. ATLANTIC BLVD

3. Mailing Office Address
12450 W. ATLANTIC BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
CORAL SPRINGS

City & State
CORAL SPRINGS

Zip
33071

Country
USA

Zip
33071

Country
USA

4. State/Country of Formation
FLORIDA, USA

5. Date Organized or Qualified
To Do Business in Florida 10/11/2002

6. FEI Number 753083170

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
JEFFREY R. EISENSMITH

Street Address (P.O. Box Number is Not Acceptable)
5561 UNIVERSITY DRIVE

Suite, Apt. #, Etc.

City
CORAL SPRINGS

State
FL

Zip Code
33071

☐ 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

REGISTERED AGENT MUST SIGN

Date

10/22/07

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
P	EDWARD J. LE BLANC	12450 W. ATLANTIC BLVD	CORAL SPRINGS, FL 33071
VP	JOSE DE BRAGA	12450 W. ATLANTIC BLVD	CORAL SPRINGS, FL 33071
VP	BRENDA JOHNSTON	12450 W. ATLANTIC BLVD	CORAL SPRINGS, FL 33071

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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 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

Date 10/22/07

Daytime Phone # 954-340-8886 EXT 232

Typed or printed name of signing Managing Member/Manager

JOSE DE BRAGA