

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L02000030458

FILED
Oct 02, 2007
Secretary of State

Entity Name: GIMBEL HOLDING CO. II (FLORIDA), LLC

Current Principal Place of Business:

415 SOUTH FEDERAL HIGHWAY
DANIA, FL 33004

New Principal Place of Business:

Current Mailing Address:

412 SE 18TH STREET
FORT LAUDERDALE, FL 33316

New Mailing Address:

FEI Number: 82-0572422 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

DUNAY, GARY S
5355 TOWN CENTER ROAD, SUITE 801
BOCA RATON, FL 33486 US

Name and Address of New Registered Agent:

NADEL, HOWARD B
301 W. HALLANDALE BEACH BLVD.
HALLANDALE BEACH, FL 33009 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: HOWARD B. NADEL

10/02/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GIMBEL, BERNARD
Address: 5296 BOCA MARINA CIR SOUTH
City-St-Zip: BOCA RATON, FL 33487

Title: MGRM () Delete
Name: GIMBEL, DIANE
Address: 5296 BOCA MARINA CIR SOUTH
City-St-Zip: BOCA RATON, FL 33487

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: BERNARD GIMBEL

MGRM

10/02/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date