

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2008 OCT -9 PM 2: 21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10012008 REIN-LLC CR2E101 (1/07)

DOCUMENT # L02000031002			
1. Entity Name G.M.L. ENTERPRISES, L.L.C.			
Principal Place of Business 305 CLYDE MORRIS BLVD SUITE 200 ORMOND BEACH, FL 32174 US		Mailing Address 305 CLYDE MORRIS BLVD SUITE 200 ORMOND BEACH, FL 32174 US	
2. Principal Place of Business - No P.O. Box # 872 MATT LANZ		3. Mailing Address 872 MATT LANZ	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State PORT ORANGE FL		City & State PORT ORANGE FL	
Zip 32127	Country USA	Zip 32127	Country USA
4. FEI Number 16-1639377		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent LOWER, GREGORY M 305 CLYDE MORRIS BLVD SUITE 200 ORMOND BEACH, FL 32174		7. Name and Address of New Registered Agent Name GREGORY M. LOWER Street Address (P.O. Box Number is Not Acceptable) 872 MATT LANZ City PORT ORANGE FL Zip Code 32127	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE GREGORY M. LOWER Tom B. 10-6-08 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE			
FILE NOW!!! FEE IS \$138.75 After January 1, 2009, Fee will be \$277.50		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	
Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LOWER, GREGORY M 305 CLYDE MORRIS BLVD - SUITE 200 ORMOND BEACH, FL 32174 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LOWER, GREGORY M. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 872 MATT LANZ PORT ORANGE FL 32127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300136781123 10/09/08--01042--009 **277.50 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: GREGORY M. LOWER Tom B. 10-6-08 386-586-689		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #	