

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

1. DOCUMENT # L02000032880

03 NOV 10 PM 4:05

Name and Mailing Address

0005546 01 AT 0.292 **AUTO T2 3 0615 33073-449479
GL AMERICA, LLC
SANTHOSH R. GADDAM
3870 LYONS RD., STE. 304
COCONUT CREEK FL 33073-4494

900024547019
11/10/03--01011--008 **150.00



2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business SANTHOSH R. GADDAM 3870 LYONS RD., STE. 304 COCONUT CREEK FL 33073		5. Date Organized or Qualified To Do Business in Florida 12/10/2002	
3. New Principal Place of Business Address 310 Rockland Dr #K30 Fort Pierce, FL 34947		6. FEI Number 32-0046006 Applied For <input checked="" type="checkbox"/> Not Applicable	
8. Name and Address of Current Registered Agent GADDAM, SANTHOSH R 3870 LYONS RD., STE. 304 COCONUT CREEK FL 33073		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) 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 SIGNATURE REQUIRED Date 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
MM	Santhosh R. Gaddam	310 Rockland Dr #K30 Fort Pierce, FL 34947	Fort Pierce Florida 34947
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 03 Date 10/29/03 Daytime Phone # Typed or printed name of signing Managing Member/Manager			

CR2EQ04 (7/03)

Grace C. Norwich, M.A., C.P.A.

3017 Exchange Court, Suite #H
West Palm Beach, Florida 33409

Telephone (561) 689-0899
Fax (561) 689-1131

October 29, 2003

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

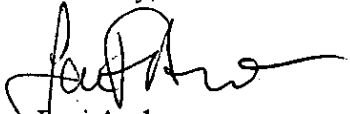
Re: GL America LLC
Document # L020000032880
In re: Corporate Re-instatement

Dear Reader,

We recently received the attached notice indicating that our company, GL America LLC was dissolved. We did not receive the original corporate renewal as our address had changed and we did not report the new address to the post office until later in the year. The dissolution notice was received at our new address.

We have therefore included our check for \$150.00 for reinstatement for 2003. Please contact our accountant's office at the number on the letterhead if you require additional information.

Sincerely,



Lori Anderson
Certified Public Accountant