
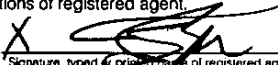



2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 OCT 20 AM 10:49

DOCUMENT #L03000009348 1. Entity Name GENGATE HOLDINGS, L.L.C.			
Principal Place of Business 1200 BRICKELL AVE SUITE 1460 MIAMI, FL 33131		Mailing Address C/O GENCOM GROUP 3250 MARY STREET, SUITE 500 COCONUT GROVE, FL 33133	
2. Principal Place of Business 801 Brickell Ave Suite, Apt. #, etc. PH II, One Brickell Square		3. Mailing Address 801 Brickell Ave. Suite, Apt. #, etc. PH II, One Brickell Square	
City & State Miami, FL		City & State Miami, FL	
Zip 33131	Country US	Zip 33131	Country US
4. FEI Number 54-2106531		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		09182006 REIN-LLC CR2E101 (11/05)	
6. Name and Address of Current Registered Agent FIELDSTONE, RONALD 201 ALHAMBRA CIRCLE, SUITE 601 CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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  <small>Signature, typed or printed name of registered agent and title if applicable</small>		DATE 10/06/06	
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$200.00		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALIBHAI, KARIM 1200 BRICKELL AVE, SUITE 1460 MIAMI, FL 33131	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER THOMAS J. BEZOLD 801 Brickell Ave, PH II, MIA, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KHIMJI, MAHMOOD 1200 BRICKELL AVE, SUITE 1460 MIAMI, FL 33131	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800081025118 10/19/06--01035--002 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM (Empty) (Empty) (Empty)	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty) (Empty) (Empty)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM (Empty) (Empty) (Empty)	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty) (Empty) (Empty)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM (Empty) (Empty) (Empty)	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty) (Empty) (Empty)
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		DATE 10/06/06 (805)4429808	