

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000035950

FILED
Mar 29, 2006
Secretary of State

Entity Name: GFYMA INVESTMENTS, L.L.C.

Current Principal Place of Business:

C/O MARC GORDON, ESQ
8551 WEST SUNRISE BLVD., STE. 208
PLANTATION, FL 33322

New Principal Place of Business:

8551 W. SUNRISE BLVD.
STE. 210
PLANTATION, FL 33322

Current Mailing Address:

C/O MARC GORDON, ESQ
8551 WEST SUNRISE BLVD., STE. 208
PLANTATION, FL 33322

New Mailing Address:

8551 WEST SUNRISE BLVD.
STE. 210
PLANTATION, FL 33322

FEI Number: **FEI Number Applied For (X)** **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:

CHENKIN, DAVID ESQ
8551 WEST SUNRISE BLVD., STE. 208
PLANTATION, FL 33322 US

Name and Address of New Registered Agent:

CHENKIN, DAVID ESQ
8551 WEST SUNRISE BLVD.
STE 210
PLANTATION, FL 33322 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: DAVID CHENKIN

03/29/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MORSE, TODD
Address: 8551 WEST SUNRISE BLVD., STE. 208
City-St-Zip: PLANTATION, FL 33322

ADDITIONS/CHANGES:

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

I hereby certify that the information supplied with this filing does not qualify for the 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: TODD MORSE

MGR

03/29/2006

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