

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

\$200.00 to : FLORIDA  
DEPARTMENT of STATE

FILED

2007 MAY 10 AM 10:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



05072007 REIN-LLC CR2E101 (1/07)

DOCUMENT # L03000054558			
1. Entity Name GBS LLC			
Principal Place of Business 2618 TINOSA CIRCLE PENSACOLA, FL 32526		Mailing Address 2618 TINOSA CIRCLE PENSACOLA, FL 32526	
2. Principal Place of Business - No P.O. Box # 3701 Sawmill Circle Suite, Apt. #, etc.		3. Mailing Address 3701 Sawmill Circle Suite, Apt. #, etc.	
City & State Pace FL		City & State Pace FL	
Zip 32571 Country		Zip 32571 Country	

4. FEI Number 20-0545210	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$200.00

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VIATOR, STUART J 2618 TINOSA CIRCLE PENSACOLA, FL 32526 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100102542730 Change <input type="checkbox"/> Addition 05/18/07--01007--015 **200.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VINKE, BRADLEY A 2618 TINOSA CIRCLE PENSACOLA, FL 32526 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	mGR VINKE, BRADLEY A 3701 Sawmill Circle Pace FL 32571 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST VINKE, GEARLD L 2618 TINOSA CIRCLE PENSACOLA, FL 32526 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST VINKE, GEARLD L 3701 Sawmill Circle Pace FL 32571 <input checked="" 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	REINSTATEMENT 06-07 <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

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: Bradley A Vinke MGR 5/7/07 830393-9125  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #