

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : GREENSPOON MARDER, P.A.  
Account Number : 075064003722  
Phone : (407) 422-6883  
Fax Number : (954) 343-6962

**WAIVE \$100. FEE**  
**FILE FIRST**  
**BEFORE AMENDMENT**

**LIMITED LIABILITY REINSTATEMENT**

**GM INVESTMENTS, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$655.00

- 100.00  
**\$ 555.00**

**D. BRUCE**

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TALLAHASSEE, FLORIDA

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**EXAMINER**

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

FILED 08 APR -9 AM 10:18 SECRETARY OF STATE TALLAHASSEE, FLORIDA CR2E00000718

DOCUMENT # L04000009025

1. Limited Liability Company's Name

GM INVESTMENTS, LLC

2. Principal Office Address - No P.O. Box #

100 W CYPRESS CREEK RD

Suite, Apt. #, etc.

SUITE 700

City & State

FT LAUDERDALE, FL

Zip

33309

Country

3. Mailing Office Address

100 W CYPRESS CREEK RD

Suite, Apt. #, etc.

SUITE 700

City & State

FT LAUDERDALE, FL

Zip

33309

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified To Do Business in Florida

2/3/04

6. FEI Number

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee Required For a Certificate of Status

8. Name and Address of Current Registered Agent

Name

GREGORY J. BLODIG

Street Address (P.O. Box Number is Not Acceptable)

100 W. CYPRESS CREEK ROAD

Suite, Apt. #, Etc.

SUITE 700

City

FT LAUDERDALE

State

FL

Zip Code

33309

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 806, F.S.

Signature of Registered Agent

[Signature]

Date 4-2-08

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
M	GERALD GREENSPOON	100 W CYPRESS CREEK RD #700	FT LAUDERDALE, FL 33309
M	MICHAEL MARDER	100 W CYPRESS CREEK RD #700	FT LAUDERDALE, FL 33309
			D. BRUCE
			APR 09 2008
			EXAMINER

REINSTATEMENT

2005-2008

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 806, 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 806.406, 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

[Signature]

Date 4/2/08

Daytime Phone# 954-491-1120

Typed or printed name of signing Managing Member/Manager

GERALD GREENSPOON