

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 DEC 19 AM 10:55

DOCUMENT # L04000015930

1. Limited Liability Company's Name

GMS HOLDINGS, LLC

2. Principal Office Address

19425 SW 344th Street

Suite, Apt. #, etc.

City & State

Homestead, Florida

Zip

33034

Country

USA

3. Mailing Office Address

19425 SW 344th Street

Suite, Apt. #, etc.

City & State

Homestead, Florida

Zip

33034

Country

USA

CR2E041 (8/05)

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

3/1/2004

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

John M. Lynn, Esquire

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

48 NE 15th Street

Suite, Apt. #, Etc.

Second Floor

City

Homestead

State

FL

Zip Code

33030

9. 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

John M. Lynn
JOHN M. LYNN

REGISTERED AGENT MUST SIGN

Date 12/11/06

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	GLEN SIMMONS	10425 SW 344th Street	Homestead, Florida 33034

REINSTATEMENT 05-06

11. 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

Glen Simmons

Date 12/11/2006 Daytime Phone # 305-247-6158

Typed or printed name of signing Managing Member/Manager Glen Simmons