2006 LIMITED LIABILITY COMPANY REINSTATEMENT

SIGNATURE: Work SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE

DOCUMENT # L04000018233

1. Entity Name
GRIBBON & BRONKHORST LLC



SECRETARY OF STATE DIVISION OF CORPORATIONS

06 MAR 10 AM 9: LI

305-279-6622

Daytime Phone #

3-2-06 Date

GRIBBON & BRONKHORST LLC						MAITO	10 AM 9: 41	4	
Principal Place 7700 NORTH MIAMI, FL 3	H KENDALL DR, STE 505	Mailing Address 7700 NORTH KENDALL DR, STE 505 MIAMI, FL 33156			IN Ba in bi rn be rn bu ir bu ir b	. 	NOTE AL INTA		
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03022006	REIN-LLC	CR2E101 (11/05)		
City & State		City & State		4. FEI Numt	1220382	i	oplied For ot Applicable		
Zip	Country	Zip	Country			e of Status Desired	\$5.00 Add	ditional	
	6. Name and Address of Current F	Registered Agent			7. Name an	d Address of New Re	egistered Agent		
				Name					
GRIBBON, PATRICK 7700 NORTH KENDALL DR, STE 505 MIAMI, FL 33156				Street Addi	ress (P.O. Box Numl	O. Box Number is Not Acceptable)			
				City			EI Zíp Cod	le	
					-		FL .		
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	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTE	: Registers	ed Agent signature	e required when reinstating	a)	DATE		
FILE	NOW!!! FEE IS \$200.00				ľ	check payable to Department of Stat	e		
9.	MANAGING MEMBER	SS/MANAGERS	10.			ADDITIONS/	CHANGES		
TITLE	11.0		TITLE	<u> </u>			☐ Change	Addition	
NAME	PATRICK GRIBBON		NAM	E	.		_ ,	_	
STREET ADDRESS	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			ET ADDRESS		MUUUU (1100)	531646 5317 ************************************	00	
CITY-ST-ZIP	MIAMI FL 33158		CITY	-ST-ZIP	600069537846 04/05/0601034017 **55.00		.00		
TITLE	1444		TITLE				☐ Change	Addition	
NAME STREET ADDRESS	PATRICIA BRONKHORST		NAM	E Et address					
CITY-ST-ZIP	7700 N. KENDALL DAIVE # 505 MIAMI FL 33158			-ST-ZIP					
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11. I hereby certify that the information supplied with this filting does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information adicated 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.									