

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000024938 1. Entity Name GMD ENTERPRISES, LLC				<div style="text-align: right;">SECRETARY OF STATE DIVISION OF CORPORATE & STATE CREATIONS</div> <div style="text-align: right;">06 JAN 24 AM 10:24</div>	
Principal Place of Business 378 NORTHLAKE BLVD. #104 NORTH PALM BEACH, FL 33408 US		Mailing Address 378 NORTHLAKE BLVD. #104 NORTH PALM BEACH, FL 33408 US			
2. Principal Place of Business 123 NORTH CONGRESS AVE. Suite, Apt. #, etc. #172 City & State BOYNTON BEACH, FL Zip 33426 Country USA		3. Mailing Address 123 N. CONGRESS AVE. Suite, Apt. #, etc. #172 City & State BOYNTON BEACH, FL Zip 33426 Country USA			
4. FEI Number 01052006 REIN-LLC CR2E101 (11/05)		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent SAASTED, LESLIE A 378 NORTHLAKE BLVD. #104 NORTH PALM BEACH, FL 33408		7. Name and Address of New Registered Agent Name SAASTED, LESLIE A. Street Address (P.O. Box Number is Not Acceptable) 123 N. CONGRESS AVE. #172 City BOYNTON BEACH FL 33426			
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 LESLIE A. SAASTED DATE 1-05-06 <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$100.00		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SAASTED, LESLIE A 378 NORTHLAKE BLVD. #104 NORTH PALM BEACH, FL 33408	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SAASTED, LESLIE A. 123 N. CONGRESS AVE. #172 BOYNTON BEACH, FL 33426		
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 30006513403 02/02/06--01048--002 **100.00		
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 300065286883 02/06/06--01058--002 **100.00		
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 RESERVED FOR FUTURE USE 05-06		
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	<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: 1-20-06 561-951-1142 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					