

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2009 NOV -3 PM 4:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (10/08)

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000026186

1. Limited Liability Company's Name

GAPCO, LLC

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

13778 SW 147 CR. LN.

Suite, Apt. #, etc.

#3

City & State

MIAMI

Zip

33186

Country

USA

3. Mailing Office Address

13778 SW 147 CR.

Suite, Apt. #, etc.

#3

City & State

MIAMI

Zip

33186

Country

USA

4. State/Country of Formation

LN. MIAMI, FL

5. Date Organized or Qualified
To Do Business in Florida

04-06-04

6. FEI Number

200992715

☐ 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

ALINA PARAPAR (PEREZ)

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

13778 SW 147 CR. LN.

Suite, Apt. #, Etc.

#3

City

MIAMI

State

FL

Zip Code

33186

☒ 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 608, F.S.

Signature of
Registered Agent

Alina Perez

REGISTERED AGENT MUST SIGN

Date 10-29-09

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
MEM	ALINA PARAPAR (PEREZ)	13778 SW 147 CR. LN. #3,	MIAMI, FL 33186
MEM	GUSTAVO PARAPAR	14000 SW 31 STREET	DAVIE, FL 33330
			600162356856 10/30/09--01047--023 **277.50
			REINSTATEMENT 08-09 AL

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

Alina Perez

Date 10-29-09

Daytime Phone #

(305) 361-5722

Typed or printed name of signing Managing Member/Manager

ALINA PARAPAR (PEREZ)