

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 DEC 24 PM 1:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (11/09)

DOCUMENT # **L04000032950**

1. Limited Liability Company's Name

GFSAA, LLC

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

230 Worth Avenue

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 1091

Suite, Apt. #, etc.

City & State

Palm Beach, FL

City & State

Palm Beach, FL

Zip

33480

Country

USA

Zip

33480

Country

USA

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

20-1088936

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

George Sharoubim

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

230 Worth Avenue

Suite, Apt. #, Etc.

City

Palm Beach

State

FL

Zip Code

33480

☒ 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

George Sharoubim

REGISTERED AGENT MUST SIGN

Date **11-19-09**

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	George Sharoubim	230 Worth Avenue	Palm Beach, FL 33480
			200163089242 12/21/09--01073--008 **555.00
			200163089242 11/24/09--01039--010 **138.75
REINSTATEMENT 11/5/09			
200163089242 11/24/09--01039--010 **138.75			

11. E-mail Address:

giorgiopb@aol.com

(To be used for future annual report notifications)

12. 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

George Sharoubim

Date

11/19/09

Daytime Phone #

561-820-0092

Typed or printed name of signing Managing Member/Manager

George Sharoubim