PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

COMPANY REINSTATEMENT LIMITED LIABILITY Secretary of State DIVISION OF CORPORATIONS							SECRETARY OF STATE DIVISION OF CORPORATIONS			
DOCUMENT # LO400042408 1. Limited Liability Company's Name							.	08 APR 10 PM 2	₹ 52	
G & Z, LLC								000004444000	·	
2. Principal Office Address - No P.O. Box # 3. Ma				Mailing Office Address				CR2E041 (12/07)		
17	751 Bea	con Drive	1751 Beacon Drive				4. State/Country of Formation			
Suite, Apt. #	#, etc.		Suite, Apt. #, etc.				Florida, USA			
							5. Date Organized or Qualified To Do Business in Florida June 4, 2004			
City & State			City & State				6. FEI Numbe		Applied For	
Sanford, FL			Sanford, FL			TL	20-1199303 Not Applicable			
Zip	Country		Zip		Count	ry	7.	S5.00	Additional Fee required	
327	71 USA 3277		1	USA		CERTIFICATE OF STATUS DESIRED X S5.00 Additional Fee required for a Certificate of Status				
8. Name and Address of Current Registered Agent										
Andrew C. Gygi							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.			
Street Address (P.O. Box Number is Not Acceptable) 1751 Beacon Drive										
Suite, Apt. #, Etc.										
City					State FL	Zip Code 32771				
9. I, being	g appointed the	e registered agent of the above	re named limited	d liability co	трапу,	am familiar with and	accept the obligat	ions of Chapter 608, F.S.	· •	
Signature of Registered Agent REGISTERED AGENT MUST SIGN							Date March 20, 2008			
10 Norm	as and Street									
Titles	Names and Street Addresses of Managing Members/Managers Name of Managing Members/Managers				Street Address of Each Managing Member/Manag			City / State	/ Zip	
MGRM	RMAndrew-CGygi~				1751-Beacon-Drive-			Sanford, Fi-	32771	
							03/257	61-294-3155	51 **382.50	
÷							04/17/	01211975 0801012004	⇒1 **133.75	
						A	REINSTA	TEMENT 200	16-08	
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									30-6551	
Typed or printed name of signing Managing Member/Manager And							ndrew C. (Gygi		