	PLEASE READ A	ALL INSTRUCTIO	INS BEFORE COMPLE	ETINGTHIS FOR	М		
LIMITED LI COMP REINSTAT	ANY	Secre Secre	PARTMENT OF STATE tary of State of Corporations				
DOCUMENT # LO 400058674 1. Limited Liability Company's Name GTO Properties, LLC				TALLAHASSEE FLORIDA			
Principal Office Address - No P.O. Box # 3. Mailing 0 10920 NE 6th Ave. 10920 NE				CR2E041 (1/14) 4. State/Country of Formation			
Suite, Apt. #. etc. Suite, Apt. #				Florida	Florida		
City & State City & State				5. Date Organized or Qualified To Do Business in Florida 08/06/2004			
Miami, FL		Miami, FL	·		6. FEI Number Applied For 73-1714446 Not Applicable		
Zip 33161	Country	Zip 33161	Country	-	7. CERTIFICATE OF STATUS DESIRED 55.00 Additional Fee required for a certificate of status		
<u> </u>	8. Name and Addre	ess of Current Register	ed Agent				
Name Guillermo Pen	el Box Number is Not Acceptable) S	Suite					
10920 NE 6th	· · · ·						
Apt. #, Elc.				500285754185 _ 05/12/1601016023 **1270.00			
City Miami			State Zip Code 33161				
9. I, being appoir Signature of Registered Agent	sted the redistered agent of the	above Námed limited liabi REGISTERED AGENT M	lity company, am familiar with and UST SIGN	accept the obligations of	_	19-16	
10. Names and Stre	eet Addresses of Authorized Rep	oresentatives/Managers		· · · · · · · · · · · · · · · · · · ·			
Titles	Name of Authorized Representation Managers	ves/	Greet Address of Each Authorized Representative/ Manager		City / State / Zip		
MGRM	Guillermo Pena		10920 NE 6th Ave.		Miami, FL 33161		
					MAY	12 2016	
	REINSTATEME				NT N. GAUSSEAUX		
-		Ġ	2009-	2016			
11, E-mail Address	willie.pe360@yaho		o to used for future annual report notific	ations)			
certify that when f 605.0012, F.S., a shall have the san	iling this reinstatement applicant that all fees owed by the lim	ve/ manager or the receivition the reason for dissoluted liability campany ha	reflor trustee empowered to execution has been eliminated, the lirve been paid. The information in all information submitted in a dialog information submitted in a dialog information submitted in a dialog information.	cute this application as p mited liability company n dicated on this application	ame satisfies the requi on is true and accurate,	rement of section and my signature	