

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 JUL 10 AM 11:01

DOCUMENT # L04000064944 1. Entity Name G & N ENTERPRISES, L.L.C.					
Principal Place of Business 546 CORAL DRIVE CAPE CORAL, FL 33904			Mailing Address 546 CORAL DRIVE CAPE CORAL, FL 33904		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 1318 Lafayette Street Suite, Apt. #, etc.			
City & State 		City & State Cape Coral FL		4. FEI Number 20-2416713	
Zip 	Country 	Zip 33904	Country Lee	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent WRIGHT, CHRISTINE F ESQ 4427 S.E. 16TH PLACE, #2 CAPE CORAL, FL 33904				7. Name and Address of New Registered Agent Name Thomas W. Hill Street Address (P.O. Box Number is Not Acceptable) 1318 Lafayette Street City Cape Coral FL Zip Code 33904	
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 <u><i>Thomas W. Hill</i></u> (NOTE: Registered Agent signature required when reinstating) DATE _____					
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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
			MGRM Norman Rahe 546 Coral Drive Cape Coral, FL 33904		
			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
			MGRM Gabriele Rahe 546 Coral Drive Cape Coral, FL 33904		
			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
			600077522196 07/14/06--01033--015 **100.00		
			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
			REINSTATEMENT 05-06		
			<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: <u><i>N. Rahe</i></u> MGRM					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #	