

# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000087358

**FILED**  
**Oct 14, 2006**  
**Secretary of State**

**Entity Name:** GABRIEL AND SONS ENTERPRISES, LLC.

**Current Principal Place of Business:**

597 N.E. 129TH STREET  
SUITE 2  
MIAMI, FL 33161 US

**New Principal Place of Business:**

**Current Mailing Address:**

597 N.E. 129TH STREET  
SUITE 2  
MIAMI, FL 33161 US

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GABRIEL, GEORGE F  
597 N.E. 129TH STREET  
SUITE 2  
MIAMI, FL 33161 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: GEORGE F GABRIEL

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: GABRIEL, GEORGE F  
Address: 597 N.E. 129TH STREET SUITE 2  
City-St-Zip: MIAMI, FL 33161 US

Title: MGRM ( ) Delete  
Name: GABRIEL, CHRISTINE M  
Address: 597 N.E. 129TH STREET SUITE 2  
City-St-Zip: MIAMI, FL 33161 US

Title: MGRM ( ) Delete  
Name: MULLINS, GINA G  
Address: 597 N.E. 129TH STREET SUITE 2  
City-St-Zip: MIAMI, FL 33161 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: GEORGE F GABRIEL

MGRM

10/14/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date