

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 AUG 21 AM 8:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000020729

1. Limited Liability Company's Name

GBF LLC

600135279936
03/03/08--01004--013 **416.25

CR2E041 (12/07)

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

8350 MILLS DRIVE

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33183

Country

3. Mailing Office Address

10225 SW 8 TERRACE

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33174

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

03/01/2005

6. FEI Number

33-1113163

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

GUSTAVO FERNANDEZ

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

10225 SW 8 TERRACE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33174

☒ 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

REGISTERED AGENT MUST SIGN

Date

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
MGMR	GUSTAVO FERNANDEZ	10225 SW 8 TERRACE	MIAMI, FLORIDA 33183
MGR	ERIK FERNANDEZ	10225 SW 8 TERRACE	MIAMI, FLORIDA 33183
P	GUSTAVO FERNANDEZ	10225 SW 8 TERRACE	MIAMI, FLORIDA 33183
VP	ERIK FERNANDEZ	10225 SW 8 TERRACE	MIAMI, FLORIDA 33183

REINSTATEMENT 2006-2008

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

Date 8/15/08

Daytime Phone # 305-273-7226

Typed or printed name of signing Managing Member/Manager