

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

08 MAR 27 PM 12:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (12/07)

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000024618

1. Limited Liability Company's Name

Gary Legal Group LLC

W08-11971

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

161 NE 97th Street

Suite, Apt. #, etc.

City & State

Miami Shores, Florida

Zip

33136

Country

US

3. Mailing Office Address

161 NE 97th Street

Suite, Apt. #, etc.

City & State

Miami Shores, Florida

Zip

33136

Country

US

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

03/10/2005

6. FEI Number
20-2488967

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

☒ 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.

8. Name and Address of Current Registered Agent

Name

Gary, Sekou

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

161 NE 97th Street

Suite, Apt. #, Etc.

City

Miami Shores

State

FL

Zip Code

33138

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

Date 02/13/2008

REGISTERED AGENT MUST SIGN

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
MGR	Sekou Gary	161 NE 97th Street	Miami Shores, FL, 33138
			300118847123 03/20/08--01050--004 **316.25
			300118847123 02/26/08--01027--001 **105.00

REINSTATEMENT
w/o 06-08

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

Date 02/13/2008

Daytime Phone # (305) 759-6111

Typed or printed name of signing Managing Member/Manager Sekou Gary