


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 JUL 15 PM 2:01

**DOCUMENT #** L05000036373

1. Limited Liability Company's Name  
**GTM LLC**  
**L05000036373**

W08-33634

**100131759621**  
07/17/08--01004--021 \*\*63.75  
CR2E041 (12/07)

<b>2. Principal Office Address - No P.O. Box #</b> 7125 Eagle Terrace Suite, Apt. #, etc.		<b>3. Mailing Office Address</b> 7125 Eagle Terrace Suite, Apt. #, etc.	
City & State West Palm Beach		City & State West Palm Beach	
Zip 33412	Country Palm Beach	Zip 33412	Country Palm Beach

<b>4. State/Country of Formation</b> Palm Beach Florida	
<b>5. Date Organized or Qualified To Do Business in Florida</b> 04/13/2005	
<b>6. FEI Number</b> 20-2807918	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>7. CERTIFICATE OF STATUS DESIRED</b> <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

**8. Name and Address of Current Registered Agent**

Name  
**Charles Muoio**

Street Address (P.O. Box Number is Not Acceptable)  
**7125 Eagle Terrace**

Suite, Apt. #, Etc.

City  
**West Palm Beach**

State  
**FL**

Zip Code  
**33412**

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 *Charles Muoio* Date June 20, 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	Charles Muoio	7125 Eagle Terrace	West Palm Beach, Florida 33412

**400131675944**  
06/25/08--01019--007 \*\*382.50

**REINSTATEMENT**  
06-08 *[Signature]*

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 *Charles Muoio* Date June 20, 2008 Daytime Phone # 3474131966

Typed or printed name of signing Managing Member/Manager Charles Muoio

name not available  
\$416.25 + 5.00