

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **LD5000057030**

1. Limited Liability Company's Name

G.L.I. LLC

06

FILED
SEP 22 AM 10:45
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

CR2E041 (12/07)

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

1680 MICHIGAN AVENUE

Suite, Apt. #, etc.

1016

City & State

MIAMI BEACH

Zip

33139

Country

USA

3. Mailing Office Address

1680 MICHIGAN AVENUE

Suite, Apt. #, etc.

1016

City & State

MIAMI BEACH

Zip

33139

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

6-08-2005

6. FEI Number

20-2963004

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

ALBERT J. LAZO, P.A.

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

1680 MICHIGAN AVENUE

Suite, Apt. #, Etc.

1016

City

MIAMI BEACH

State
FL

Zip Code

33139

☒ 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

Date 9-16-08

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	ELIZABETH NARANJO	1680 MICHIGAN AVENUE #1016	MIAMI BEACH, FL 33139
MGR	JUDY NARANJO	1680 MICHIGAN AVENUE #1016	MIAMI BEACH, FL 33139
			000136464760 09/30/08 01008 005 **138.75
			000136464760 09/30/08 01008 008 **277.50
			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 608.403, 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 9-16-08

Daytime Phone# 305-532-9930

Typed or printed name of signing Managing Member/Manager ELIZABETH NARANJO