2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 11, 2006
Secretary of State

DOCUMENT# L05000061382

Entity Name: GABRACH HOLDINGS, LLC

Current Principal Place of Business:

341 E. 58TH STREET
HIALEAH, FL 33013

New Principal Place of Business:

PO BOX 28709
ATLANTA, GA 30358

Current Mailing Address:

341 E. 58TH STREET
HIALEAH, FL 33013

New Mailing Address:

PO BOX 28709
ATLANTA, GA 30358

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

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

DIAZ, PAUL I
341 E. 58TH STREET
HIALEAH, FL 33013 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: PAULA I. DIAZ

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: BOWERS, JAMES I JR.
Address: 1195 FAIRFIELD ROAD
City-St-Zip: BRIDGEWATER, NJ 08807

Title: MGRM ( ) Delete
Name: BOWERS, CARIDAD
Address: 1195 FAIRFIELD ROAD
City-St-Zip: BRIDGEWATER, NJ 08807

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: BOWERS, JAMES I JR.
Address: PO BOX 28709
City-St-Zip: ATLANTA, GA 30358

Title: MGRM (X) Change ( ) Addition
Name: BOWERS, CARIDAD
Address: PO BOX 28709
City-St-Zip: ATLANTA, GA 30358

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: CARIDAD BOWERS MGRM 10/11/2006

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