2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2009 MAY 27 PM 3:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500156278255
05/21/09--01014--011 **243.75

DOCUMENT # L05000107585

1. Entity Name
PAUL GSKI, LLC

Principal Place of Business
720 E. GILCHRIST COURT
HERNANDO, FL 34442

Mailing Address

2. Principal Place of Business - No P.O. Box #

3. Mailing Address
303 - 93 STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.
APT. B1

City & State

City & State
BROOKLYN, N.Y.

Zip | Country

Zip
11209

Country

04302009 REIN-LLC CR2E101 (1/07)

4. FEI Number
20-4048898

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

NEAL, JAMES A JR
213 COURTHOUSE SQUARE
INVERNESS, FL 34450

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ James A. Neal Jr. Attorney 5/18/09
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $377.50

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM GLODOWSKI, PAUL 720 E. GILCHRIST COURT HERNANDO, FL 34442	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 05/15/08-90081-038-#138.75
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition REINSTATEMENT
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 08-09 just

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: _____ 5/7/09 718-833-3767
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #