

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 MAR 11 PM 1:50

DOCUMENT # 205 000 112274

1. Limited Liability Company's Name

GPSZ, LLC

CR2E041 (12/07)

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

8701 Collins Ave

Suite, Apt. #, etc.

3. Mailing Office Address

8701 Collins Ave

Suite, Apt. #, etc.

City & State

Miami beach

City & State

FL, Miami beach

Zip

33154

Country

Dade

Zip

3154

Country

Dade

4. State/Country of Formation

FL / USA

5. Date Organized or Qualified
To Do Business in Florida

3/15/08

6. FEI Number

NONE

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

Semone Zamyatina

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

8701 Collins Ave

Suite, Apt. #, Etc.

City

Miami beach

State

FL

Zip Code

33154

☐ 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

REGISTERED AGENT MUST SIGN

Date

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
Manager	Semone Zamyatina	8701 Collins Ave	Miami beach, FL, 33154

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REINSTATEMENT

06-08 Oct

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

Semone Zamyatina

Date

3/16/08

Daytime Phone #

305-867-4850

Typed or printed name of signing Managing Member/Manager

Semone Zamyatina