

2. 10

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 MAY -1 AM 8:12

1. Limited Liability Company's Name

GWS WEST, LLC

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

1800 NE 171 Street

Suite, Apt. #: etc. — —

3. Mailing Office Address

1800 NE 171 Street

Suite, Apt. #, etc.—

City & State

N. Miami Beach, FL

Zip	Country
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33162-3004 USA

City & State

N. Miami Beach, FL

Zip _____

33162	USA
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4. State/Country of Formation

Florida

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number

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

Bradd Levitan

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

1800 NE 171 Street

Suite, Apt. #, Etc.

City N. Miami Beach

State

FL

Zip Code

33162

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 3/28/08

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

[illegible]

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

Date 3/21/08 : Daytime Phone# 305 941-4878

Typed or printed name of signing Managing Member/Manager