

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000117263

1. Limited Liability Company's Name

GUY-CARMEN, LLC

900178904029
05/20/10--01043--002 **138.75
900178904029
04/29/10--01011--014 **277.50

CR2E041 (11/09)

2. Principal Office Address - No P.O. Box # <u>6005 N. SUWANEE AVE.</u>		3. Mailing Office Address <u>SAME</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>TAMPA, FL</u>		City & State	
Zip <u>33604</u>	Country <u>USA</u>	Zip	Country

4. State/Country of Formation <u>FLORIDA / USA</u>	
5. Date Organized or Qualified To Do Business in Florida <u>12/8/05</u>	
6. FEI Number <u>71-0992654</u>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name <u>OWEN LAFAYE</u>			
Street Address (P.O. Box Number is Not Acceptable) <u>6005 N. SUWANEE AVE.</u>			
Suite, Apt. #, Etc.			
City <u>TAMPA</u>	State <u>FL</u>	Zip Code <u>33604</u>	

☒ 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 4/27/10

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
MEM	OWEN LAFAYE	6005 N. SUWANEE AVE.	TAMPA, FL 33604
MEM	MICHAEL GASKIN	3515 45TH ST. N	ST. PETERSBURGH, FL 33713

REINSTATEMENT 2008-10

11. E-mail Address: OLAFAYE@GMAIL.COM

(To be used for future annual report notifications)

12. 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 4/27/10

Daytime Phone # 813-486-3210

Typed or printed name of signing Managing Member/Manager



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 30, 2010

GLH-CARMEN, LLC
6005 N. SUWANEE AVE.
TAMPA, FL 33604

SUBJECT: GLH-CARMEN, LLC
Ref. Number: L05000117263

We have received your document for GLH-CARMEN, LLC and your check(s) totaling \$277.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fees to reinstate the limited liability company are as follows: \$100.00 reinstatement fee; \$138.75 filing fee per year for the years 2008 through 2010; and \$5.00 for each certificate of status requested (optional). Therefore, the total amount due at this time is \$416.25.

We need an additional check for \$138.75

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan
Regulatory Specialist II

Letter Number: 410A00010812