

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

10 AUG -6 AM 10:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

800184026798  
08/04/10--01032--007 \*\*516.25

CR2E041 (05/10)

**DOCUMENT #**

1. Limited Liability Company's Name

GNZT, LLC

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

15288 SW 15 ST

Suite, Apt. #, etc.

15288 SW 15TH STREET

City & State

DAVIE FL

Zip

33331

Country

U.S.A.

3. Mailing Office Address

13700 SW 14 ST

Suite, Apt. #, etc.

APT. 303

City & State

PEMBROKE PINES

Zip

33027

Country

U.S.A.

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida

12/29/2005

6. FEI Number

41-2200083

☐ 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

PABLO GONZALEZ

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

15288 SW 15 ST

Suite, Apt. #, Etc.

City

DAVIE FL

State

FL

Zip Code

**REINSTATEMENT** 2008-10 SEM

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

*P. Gonzalez*

Date 08/02/2010

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
Mgr	GUSTAVO R. GONZALEZ	13700 SW 14 ST	PEMBROKE PINES FL 33027
Mgr	MARIA L. GONZALEZ	13700 SW 14 ST	PEMBROKE PINES FL 33027

11. E-mail Address: ggonzalon@aol.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

*P. Gonzalez*

Date

08/02/2010

Daytime Phone #

954-442-6034

Typed or printed name of signing Managing Member/Manager