

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L06000014755

1. Limited Liability Company's Name

GML Investment and Florida Homes LLC

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

224 Dunbridge Drive

Suite, Apt. #, etc.

City & State

Palm Harbor FL

Zip

34684

Country

Pinellas

3. Mailing Office Address

224 Dunbridge Drive

Suite, Apt. #, etc.

City & State

Palm Harbor, FL

Zip

34684

Country

Pinellas

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

Feb 15, 2006

6. FEI Number

20-4315385

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

Gilbert Lopez

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

224 Dunbridge Drive

Suite, Apt. #, Etc.

City

Palm Harbor,

State

FL

Zip Code

34684

☒ 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

Gilbert Lopez

REGISTERED AGENT MUST SIGN

Date

3/15/09

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	<u>Gilbert Lopez</u>	<u>224 Dunbridge Drive Palm Harbor, FL</u>	<u>Palm Harbor, FL 34684</u>
MGR	<u>Michael Lopez</u>	<u>224 Dunbridge Drive</u>	<u>Palm Harbor, FL 34684</u>
			L. SELLERS
			MAR 25, 2009
			EXAMINER.

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

Gilbert Lopez

Date

3/15/09

Daytime Phone #

727 244 8752

Typed or printed name of signing Managing Member/Manager