

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 MAR 24 AM 8:25

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **L06000038876**

1. Limited Liability Company's Name

GTA Investment Group LLC

400146471494
03/20/09--01014--020 **516.25
CR2E041 (10/08)

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

950 Peninsula Corp Cir

Suite, Apt. #, etc.

#2000

City & State

Boca Raton FL

Zip

33487

Country

Palm Beach

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

FL

**5. Date Organized or Qualified
To Do Business in Florida**

4/14/2006

6. FEI Number

20-4762510

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

Steven Smoke

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

950 Peninsula Corp. Cir

Suite, Apt. #, Etc.

2000

City

Boca Raton

State

FL

Zip Code

33487

☐ 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

[Signature]

Date

3/15/09

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	Steven Smoke	950 Peninsula Corp Cir [#] 2000	Boca Raton FL 33487
			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

[Signature]

Date

3/15/09

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

Steven Smoke