

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2008 FEB 19 PM 12:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # L06000041294			
1. Entity Name GW 1212 LLC			
Principal Place of Business 120 NE 4TH STREET FT. LAUDERDALE, FL 33301		Mailing Address 120 NE 4TH STREET FT. LAUDERDALE, FL 33301	
2. Principal Place of Business - No P.O. Box # 1212 E Broward Blvd Suite, Apt. #, etc. 300		3. Mailing Address 1212 E Broward Blvd Suite, Apt. #, etc. 300	
City & State Ft. Lauderdale, FL		City & State Ft. Lauderdale, FL	
Zip 33301	Country USA	Zip 33301	Country USA
4. FEI Number 20-4735006		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GEX F RICHARDSON, PA 120 NE 4TH STREET FT. LAUDERDALE, FL 33301		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1212 E Broward Blvd. Suite 300 City Ft. Lauderdale FL Zip Code 33301	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE DATE 2-11-08 (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$377.50		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP MGR Wright Glenn B Jr 1212 E Broward Blvd #300 Ft Lauderdale, FL 33301	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 200118061122 02/14/08--01040--004 **377.50	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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REINSTATEMENT 0708		L. SELLERS FEB 25 2008	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if the undersigned were the managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 119, Florida Statutes.		EXAMINER 2-11-08 954-761-3472	
SIGNATURE:		Date Daytime Phone #	