

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000042759

Entity Name: GL INVESTMENTS LLC

FILED
Jan 15, 2008
Secretary of State

Current Principal Place of Business:

17740 SW 292ND STREET
HOMESTEAD, FL 33030

New Principal Place of Business:

8832 SW 212 TERRACE
MIAMI, FL 33189

Current Mailing Address:

17740 SW 292ND STREET
HOMESTEAD, FL 33030

New Mailing Address:

8832 SW 212 TERRACE
MIAMI, FL 33189

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EDDIE, GALVEZ
17740 SW 292ND STREET
HOMESTEAD, FL 33030 US

Name and Address of New Registered Agent:

WILSON, LEGRA
8832 SW 212 TERRACE
MIAMI, FL 33189 US

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.

SIGNATURE: WILSON LEGRA

01/15/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: EDDIE, GALVEZ
Address: 17740 SW 292ND STREET
City-St-Zip: HOMESTEAD, FL 33030

Title: MGR () Delete
Name: WILSON, LEGRA
Address: 8832 SW 212TH TERRACE
City-St-Zip: MIAMI, FL 33189

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: WILSON, LEGRA
Address: 8832 SW 212 TERRACE
City-St-Zip: MIAMI, FL 33189

Title: MGR (X) Change () Addition
Name: EDDIE, GALVEZ
Address: 8832 SW 212TH TERRACE
City-St-Zip: MIAMI, FL 33189

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: WILSON LEGRA

MR

01/15/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date