

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

12 APR 10 AM 11:40

DOCUMENT # L06000047659

1. Limited Liability Company's Name

GDT HOLDINGS LLC

200227705212
04/06/12--01035--002 **238.75
CR2E041 (1/11)

2. Principal Office Address - No P.O. Box # 8621 E DR MARTIN LUTHER KING JR BLVD		3. Mailing Office Address 8621 E DR MARTIN LUTHER KING JR BLVD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State TAMPA FL		City & State TAMPA, FL	
Zip 33610	Country USA	Zip 33610	Country USA

4. State/Country of Formation FLORIDA	
5. Date Organized or Qualified To Do Business in Florida 05/09/2006	
6. FEI Number 20-4846704	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent	
Name GREGORY THOMAS	
Street Address (P.O. Box Number is Not Acceptable) 8621 E DR MARTIN LUTHER KING JR BLVD	
Suite, Apt. #, Etc.	
City TAMPA	State FL Zip Code 33610

E-mail Address:

GTHOMAS@ADVANCEDENGINEEREDSYSTEMS.COM
(To be used for future annual report notices)

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

REGISTERED AGENT MUST SIGN

Date

4/2/12

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
PRESIDENT	GREGORY THOMAS	8621 E DR MARTIN LUTHER KING JR BLVD	TAMPA, FL 33610

REINSTATEMENT 2012

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing
Member/Manager

Date

4/2/12

Daytime Phone #

813 431-1555

Typed or printed name of signing Managing Member/Manager

1. Hampton APR 11 2012