

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

07 OCT -4 AM 9:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BK



10012007 REIN-LLC CR2E101 (1/07)

| | | | | | |
|--|---------------------------------|---------------------|--|---|--|
| DOCUMENT # L06000047750 | | | | | |
| 1. Entity Name GLAD ENTERPRISES, LLC | | | | | |
| Principal Place of Business 5600 COLLINS AVE., UNIT PHC MIAMI BEACH, FL 33140 | | | Mailing Address 5600 COLLINS AVE., UNIT PHC MIAMI BEACH, FL 33140 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 20-4852541 | |
| | | | | 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 GLASSBERG, GILBERT 5600 COLLINS AVE., UNIT PHC MIAMI BEACH, FL 33140 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | |
| 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 <u>/s/ GILBERT GLASSBERG</u> <small>Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE | | | | | |
| FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$200.00 | | | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P/MGRM Glassberg, Gilbert 5600 Collins Ave., Unit PHC Miami Beach, FL 33140 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP/S Meltzer, Lisa D. 6667 NW 98 Drive Parkland, FL 33076 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 300110516482 10/09/07--01012--012 **150.00 <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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| 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 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: <u>Gilbert Glassberg</u> | | | Gilbert Glassberg 10-4-07 201-607-7977 | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | <small>Date Daytime Phone #</small> | | |

REINSTATEMENT 2007