2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000056362 1. Entity Name GGPST, LLC						07 SEP 26 PM 3: 37				
Principal Place of Business C/O REI CAPITAL, LLC 2910 KERRY FOREST PARKWAY, SUITE D4-346 TALLAHASSEE, FL 32309 Mailing Address C/O REI CAPITAL, LLC 2910 KERRY FOREST PARKWAY, SUITE D4-346 TALLAHASSEE, FL 32309					Y, SUITE D4-346		SECRETA Tallahas		INIE BINS (188	
2. Principal Place of Business - No P.O. Box # 15 PENN WARREN DRIVE			3. Mailing Address 115 PENN WARREN DRIVE							
Suite, Apt. #, etc.			Suite, Apt. #, etc. SUITE 300, PMB 385			09202007	REIN-LLC	CR2E101	1 (1/07)	
City & State			City & State			4. FEI Numb				lied For
Zip Country		BRENTWOOD, TN Zip Country			5081482_ e of Status Desired	\$5	5.00 Addit	Applicable ional		
		and Address of Current F	37027	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			d Address of New Re	— Fe	e Required ent	
					Name			<u> </u>		
LIGHTSEY, ALTON L 2105 PARK AVENUE, NORTH WINTER PARK, FL 32789					Street Address (P.O. Box Number is Not Acceptable)					
-					City FL Zip Coc				Zip Code	<u>-</u>
The above named entity submits this statement for the purpose of changing its re					 ed office or register	ed agent, or bo	oth, in the State of Flo		niliar with, a	nd accept
the obligations of registered agent.										
SIGNATURE Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent elignature required when reinstating) DATE										
FILE NOWII! FEE IS \$50.00 In accordance with s. After January 1, 2008, Fee will be \$100.00					607.193(2)(b), F.S., the limi ot receive the prior notice.			e check pay		
After Janua	ary 1, 2008	B, Fee will be \$100.00	liability company did	not red	eive the prior no	uce.	Fiorida	Department	it of State	•
After Janua 9.	ary 1, 2008	MANAGING MEMBER	<u> </u>	not red	ceive the phor no	uce. 	ADDITIONS/	•	it of State	
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