
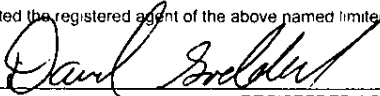
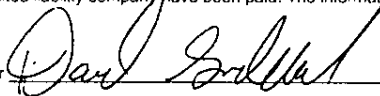


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L06000073208			
1. Limited Liability Company's Name G & G Express LLC			
2. Principal Office Address - No P.O. Box # 15563 68th street Suite, Apt. #, etc.		3. Mailing Office Address Same Suite, Apt. #, etc.	
City & State Live Oak, FL		City & State	
Zip 32060	Country US	Zip	Country
4. State/Country of Formation FL/US		5. Date Organized or Qualified To Do Business in Florida 07/24/2006	
6. FEI Number 20-5251604		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		\$5.00 Additional Fee required for a Certificate of Status	
<input checked="" type="checkbox"/> A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.			
8. Name and Address of Current Registered Agent			
Name David Goddard			
Street Address (P.O. Box Number is Not Acceptable) 15563 68th Street			
Suite, Apt. #, Etc.			
City Live Oak		State FL	Zip Code 32060
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 		Date 1-12-09	
REGISTERED AGENT MUST SIGN			
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
MGR	David Goddard	15563 68th Street	Live Oak, FL 32060
MGRM	Phil Guerra	24946 Fairway Hills DR.	Novi, MI 48374
REINSTATEMENT 2007-2009			
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.			
Signature of Managing Member/Manager 		Date 1-10-09	Daytime Phone # 386-362-2526
Typed or printed name of signing Managing Member/Manager David Goddard			

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA