

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**FILED**


07 NOV 26 PM 12:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*BK*

400112563164

CR2E041 (1/07)

|  |   |  |
|--|---|--|
| <b>LIMITED LIABILITY<br/>COMPANY<br/>REINSTATEMENT</b> |  | <b>FLORIDA DEPARTMENT OF STATE<br/>Secretary of State<br/>DIVISION OF CORPORATIONS</b> |
|--|---|--|

**DOCUMENT # L06000080135**

1. Limited Liability Company's Name

THE G GROUP, LLC

67

|   |                |   |                |
|---|----------------|---|----------------|
| 2. Principal Office Address - No P.O. Box #<br>19726 EAST COUNTRY CLUB DR |                | 3. Mailing Office Address<br>19726 EAST COUNTRY CLUB DR |                |
| Suite, Apt. #, etc.   |                | Suite, Apt. #, etc.                                     |                |
| City & State<br>AVENTURA, FL  |                | City & State<br>AVENTURA, FL                            |                |
| Zip<br>33180  | Country<br>USA | Zip<br>33180  | Country<br>USA |

|  |                               |
|--|-------------------------------|
| 4. State/Country of Formation<br>FLORIDA   |                               |
| 5. Date Organized or Qualified To Do Business in Florida 08/14/2006  |                               |
| 6. FEI Number 20-5376168   | Applied For<br>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<br>Corporation Service Company                                    |                   |
| Street Address (P.O. Box Number is Not Acceptable)<br>1201 Hays Street |                   |
| Suite, Apt. #, Etc.  |                   |
| City<br>Tallahassee  | State<br>FL       |
|  | Zip Code<br>32301 |

☐ 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.

|   |                                 |
|---|---------------------------------|
| 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<br><i>Heather Chapman</i>   | Heather Chapman<br>as its agent |
|   | Date 11/26/07                   |

| 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 |
| <i>MEM</i>  | ROBERT A GABER                    | 19726 EAST COUNTRY CLUB DR                     | AVENTURA, FL 33180 |
| <i>MEM</i>  | MARITZA GABER                     | 19726 EAST COUNTRY CLUB DRIVE                  | AVENTURA, FL 33180 |
|   |                                   |  |                    |
|   |                                   |  |                    |
|   |                                   |  |                    |

**REINSTATEMENT 2007**

|  |               |                              |
|--|---------------|------------------------------|
| 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<br><i>Robert A Gaber</i>  | Date 11/14/07 | Daytime Phone # 305-283-9848 |
| Typed or printed name of signing Managing Member/Manager Robert A Gaber  |               |                              |



CORPORATION SERVICE COMPANY

# L06000080135

ACCOUNT NO. : 072100000032

REFERENCE : 328585 7546028

AUTHORIZATION :

COST LIMIT : \$150.00

FILED  
07 NOV 26 PM 12:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ORDER DATE : November 21, 2007

ORDER TIME : 2:27 PM

ORDER NO. : 328585-005

CUSTOMER NO: 7546028

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DOMESTIC FILINGS

NAME: THE G GROUP, LLC

RECEIVED  
07 NOV 26 AM 10:42  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Heather Chapman - Ext# 2908

EXAMINER'S INITIALS \_\_\_\_\_