

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2014 MAY 21 PM 4:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Limited Liability Company's Name

L06000082352

GTM ENTERPRISES OF FLORIDA, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #

5907 WILLOW CREEK CT

Suite, Apt. #, etc

City & State

NEW PORT RICHEY, FL

Zip

34655

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc

City & State

Zip

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida
08/21/2006

6. FEI Number

16-1769355

☐ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

ROBER GEROGE

Street Address (P.O. Box Number is Not Acceptable)

5907 WILLOW CREEK CT

Suite, Apt. #, Etc.

City

NEW PORT RICHEY

State

FL

Zip Code

34655

000259203230
04/18/14--01034--029 **818.75

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

5/2/14

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	BOB GEORGE	5907 WILLOW CREEK CT	NEW PORT RICHEY FL 34655
MGR	MARC GEORGE	5138 JENNIFER PL	ORLANDO, FL 32807

REINSTATEMENT 10-14
De

11. E-mail Address:

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 605.0012 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of
Authorized Representative/Manager

Date 4/15/2014

Daytime Phone # 727-244-6480

Typed or printed name of signing Authorized Representative/Manager BOB GEORGE