

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
14 APR 29 AM 9:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **Lo7000021749**

1. Limited Liability Company's Name

**G & W REAL ESTATE ENTERPRISES, LLC**

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #  
**285 WEST 74TH PLACE**

Suite, Apt. #, etc.

3. Mailing Office Address  
**285 WEST 74TH PLACE**

Suite, Apt. #, etc.

City & State  
**HIALEAH, FL**

Zip

**33014**

Country

City & State  
**HIALEAH, FL**

Zip

**33014**

Country

4. State/Country of Formation  
**FLORIDA**

5. Date Organized or Qualified  
To Do Business in Florida  
FEBRUARY 26, 2007

6. FEI Number  
**261343570**

☐ 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

**ALEXA D. ISBELL, ESQ**

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

**285 WEST 74TH PLACE**

Suite, Apt. #, Etc.

City  
**HIALEAH**

State  
**FL**

Zip Code  
**33014**

**700253615517**  
**04/29/14--01024--001 \*\*\$21.25**

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

Date

**4.8.14**

REGISTERED AGENT MUST SIGN

**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	PHILIP WOLMAN	160 CASUARINA CONCOURSE	CORAL GABLES, FL 33143
AR	JAMIL MYRIE	257 PARK AVENUE SOUTH, STE 1202	NEW YORK, NY 10010

**REINSTATEMENT**

**APR 29 2014**

**R. HUNT**

11. E-mail Address: **JMYRIE@FOREYES.COM**

(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 **04/08/2014**

Daytime Phone # **212.399.2020**

Typed or printed name of signing Authorized Representative/Manager

**JAMIL T. MYRIE**