PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

COMPANY Se					DEPART Secretary SION OF CO	ry of St			FILED 09 0CT -6 AM 8: 21	
DOCUMENT # L07000032627 1. Limited Liability Company's Name								SECRETARY OF STATE TALLAHASSEE FLORIDA		
G AND Z MULTIPLES SERVICES LLC								200161333918 10/05/0901 2 2041(1600)**277.50		
2. Principal Office Address - No P.O. Box # 7011 WEST 29 AVE 7011 WEST 29 AVE					office Address ST 29 AVE			4. State/Country of Formation		
·				Suite, Apt. #, 6 SUITE 113				FLORIDA, USA 5. Date Organized or Qualified To Do Business in Florida 03/27/2007		
City & State HIALEAH, FL				· · · · · · · · · · · · · · · · · · ·	City & State HIALEAH,FL			6. FEI Number Applied For 20-8727616 Not Applicable		
^{Zip} 33018	· ·		у	z _{ір} 33018		Count	try	7. CERTIFICATE		
8. Name and Address of Current Registered Agent										
JOSE M	MANUEL N	MARTI	NEZ .						reinstatement fee is imposed, except umstances which the entity did not	
	iress (P.O. Bo /EST 29 A		er is Not Acceptable))				receive the prior notices. By checking this box, you are certifying the prior notices were		
Suite, Apt. SUITE	#, Etc.						· · · · · · · · · · · · · · · · · · ·	not re	not received and requesting the \$100	
City HIALEAH					State Zip Code FL 33018			reinstatement be waived.		
9. I, being Signature of	9. I, being appointed the registered agent of the above named limited liability company, am familiar with and a								· · · · · · · · · · · · · · · · · · ·	
Signature of Registered Agent REGISTERED AGENT MUST SIGN									Date 10/01/09	
10. Name	es and Street	Addresse	es of Managing Men	mbers/Managers	,					
Titles	Name of Managing Members/Managers			ers	Street Address of Each Managing Member/Mana				City / State / Zip	
MGRM	JOSE MANUEL MARTINEZ				7011 V	7011 WEST 29 AVE SIUTE 113			HIALEAH, FL 33018	
REINSTATEMENT 0809 L. SELLERS										
								00	CT -7 2009	
								EX	AMINER	
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 filling 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 Pore M. Marting Date 10/01/09 Daytime Phone # 305-383-4207										
Typed or printed name of signing Managing Member/Manager										