

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

09 OCT -6 AM 8:21

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**1. Limited Liability Company's Name**

**G AND Z MULTIPLES SERVICES LLC**

7011 WEST 29 AVE

SUITE 113

HIALEAH, FL

33018

US

7011 WEST 29 AVE

SUITE 113

HIALEAH, FL

33018

US

Name  
JOSE MANUEL MARTINEZ

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

7011 WEST 29 AVE

SUITE 113

HIALEAH

FL

33018

Signature of  
Registered Agent

*Rose M. Martin*  
REGISTERED AGENT MUB

REGISTERED AGENT MUST SIGN

Date 10/01/09

**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
MGRM	JOSE MANUEL MARTINEZ	7011 WEST 29 AVE SIUTE 113	HIALEAH, FL 33018
<b>REINSTATEMENT</b>		08-09	<b>L. SELLERS</b>
			OCT -7 2009
			<b>EXAMINER</b>

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.

Managing Member/Manager

Core M. Martinez

Date \_\_\_\_\_

10/01/09

Daytime Phone #

305-383-427

Typed or printed name of signing Managing Member/Manager