

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 JUN 22 PM 1:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700182477947
06/22/10--01022--003 **516.25

CR2E041 (05/10)

DOCUMENT # L 07 000 115524

1. Limited Liability Company's Name

G-MAN AND ASSOCIATES, LLC

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

334 EAST MALLORY Circle

Suite, Apt. #, etc.

3. Mailing Office Address

334 EAST MALLORY Circle

Suite, Apt. #, etc.

State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

11/15/07

6. FEI Number

Applied For

☒ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

City & State

DELRAY BEACH, FL

Zip

33483

Country

USA

City & State

DELRAY BEACH, FL

Zip

33483

Country

USA

8. Name and Address of Current Registered Agent

Name

GABE JOHNSON

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

334 EAST MALLORY Circle

Suite, Apt. #, Etc.

City

DELRAY BEACH

State

FL

Zip Code

33483

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

REGISTERED AGENT MUST SIGN

Date

6/11/10

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
MGR	GABE JOHNSON	334 EAST MALLORY Circle	DELRAY BEACH, FL 33483

REINSTATEMENT 2008-2010

KP 6/23/10

11. E-mail Address: g-johnson79@yahoo.com

(To be used for future annual report notifications)

12. 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

Date

6/11/10

Daytime Phone #

561-262-6989

Typed or printed name of signing Managing Member/Manager

GABE JOHNSON