


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

14 SEP 30 AM 9:26
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT #
 1. Limited Liability Company's Name
 L07000119673
 APEX DMG, LLC

2. Principal Office Address - No P.O. Box # 14 NE 1ST AVENUE		3. Mailing Office Address 14 NE 1ST AVENUE	
Suite, Apt. #, etc. 2ND FLOOR		Suite, Apt. #, etc. 2ND FLOOR	
City & State MIAMI, FL		City & State Miami, FL	
Zip 33132	Country USA	Zip 33132	Country USA

CR2E041 (1/14)

4. State/Country of Formation
Florida

5. Date Organized or Qualified To Do Business in Florida
11/30/2007

6. FEI Number 261519993	Applied For Not Applicable
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7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
THOMAS SHERMAN *T.S.*

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

Suite, Apt. #, Etc.

City
CORAL GABLES

State
FL

Zip Code
33134

300264832315
 09/30/14--01026--026 **238.75

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 *[Signature]* Date 9/17/14

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	GRI HOLDINGS, INC.	14 NE 1ST AVENUE, 2ND FLOOR	Miami, FL 33132

11. E-mail Address: RPM@BENCHMARKRG.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 *[Signature]* Date _____ Daytime Phone # _____

Typed or printed name of signing Authorized Representative/Manager GRI HOLDINGS, INC.

Rg 10/1/14