

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

14 JUL 15 AM 11:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100261880851
07/01/14--01023--008 **370.50

CR2E041 (1/14)

DOCUMENT # L08000082395

1. Limited Liability Company's Name
GSA 1000, LLC

2. Principal Office Address - No P.O. Box # 3925 Tampa Rd		3. Mailing Office Address P.O. Box 1735	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Oldsmar, FL		City & State Oldsmar, FL	
Zip 34677	Country US	Zip 34677	Country US

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 08-28-2008	
6. FEI Number 264261485	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name
Phillip Sprecher

Street Address (P.O. Box Number is Not Acceptable)
3925 Tampa Road

Suite, Apt. #, Etc.

City
Oldsmar

State
FL

Zip Code
34677

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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 *Phillip Sprecher* Date 6-25-2014

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
MGRM	Phillip Sprecher	3925 Tampa Rd.	Oldsmar, FL 34677

11. E-mail Address: kbutrick001@gmail.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 *Phillip Sprecher* Date 6-25-2014 Daytime Phone # 813-792-4600

Typed or printed name of signing Authorized Representative/Manager Phillip Sprecher