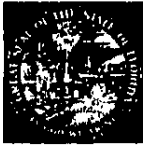


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

15 JAN -9 PM 9:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L11000091635

1. Limited Liability Company's Name

GMAA, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box # 356 Prima Vera Cove Suite, Apt. #, etc.		3. Mailing Office Address 356 Prima Vera Cove Suite, Apt. #, etc.	
City & State Altamonte Springs, FL		City & State Altamonte Springs, FL	
Zip 32714	Country USA	Zip 32714	Country USA

4. State/Country of Formation
Florida

5. Date Organized or Qualified
To Do Business in Florida
08/09/2011

6. FEI Number

☐ Applied For
☒ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name B&C Corporate Services of Central Florida, Inc.		
Street Address (P.O. Box Number is Not Acceptable) 390 North Orange Avenue Suite, Apt. #, Etc. Suite 1400		
City Orlando	State FL	Zip Code 32801

900268207399
01/09/15--01024--007 **377.50

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] Vice President
REGISTERED AGENT MUST SIGN

Date 1/5/15

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	Mark H. Roberts	356 Prima Vera Cove	Altamonte Springs, FL

REINSTATEMENT

2013 2014

11. E-mail Address: mroberts@nassusa.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 605, 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

1/6/15

Daytime Phone #

407-788-3717

Typed or printed name of signing Authorized Representative/Manager Mark H. Roberts