Florida Department of State
Division of Corporations
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To: Attention: Gina
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : BROAD AND CASSEL - AFFORDABLE HOUSING
Account Number : I20160000081
Phone : (407)839-4277
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LIMITED LIABILITY REINSTATEMENT
GMAA, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	~~$516.25~~ 37.50

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2017 APR 1 .

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L11000091635

1. Limited Liability Company's Name
GMAA, LLC

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

CR2E041 (1/14)

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) Suite.
390 North Orange Avenue

Apt. #, Etc
Suite 1400

City	State	Zip Code
Orlando	FL	32801

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 Gloria Nadal, V.P. Date 03.22.2017
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	Mark H. Roberts	356 Prima Vera Cove	Altamonte Springs, FL 32714

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 requirement of section 605.0112, 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 acknowledge that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member Mark Roberts Date 3/24/17 Daytime Phone # 407-788-3717

Typed or printed name of signing authorized representative/member Mark H. Roberts

APR 01 2017
C. CARROTHERS

March 22, 2017

Office of the Secretary of State
State of Florida – Filing Section

Re: GMAA, LLC
Document Number L11000091635

Dear Sir or Madam:

The undersigned, as President of GMAA, Inc., a Florida corporation, hereby authorizes the use of the name "GMAA, LLC", a to-be-reinstated Florida limited liability company. Any potential name conflicts are hereby waived.

If you have any questions, please let me know. Thank you for your assistance.

Very truly yours,

Mark Roberts, President