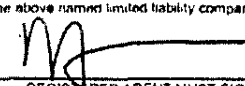
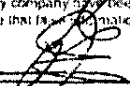


FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

13 OCT 30 PM 4:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT 2013		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L12000151755			
1. Limited Liability Company's Name: GMT Business Place Administration, LLC			
2. Principal Office Address - No P.O. Box # 900 Biscayne Boulevard Suite, Apt. #, etc. O-301 City & State Miami, FL Zip 33132		3. Mailing Office Address 900 Biscayne Boulevard Suite, Apt. #, etc. O-301 City & State Miami, FL Zip 33132	
Country USA		Country USA	
4. State/Country of Formation Florida, USA		5. Date Organized or Qualified To Do Business in Florida 12/04/12	
6. FEI Number 46-1516555		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: DANIEL W. HUMBERT Street Address (Do Not Leave Blank) (For Number is Not Acceptable) 4951. BONITA BAY BLVD, #2105 Suite, Apt. #, etc. BONITA SPRINGS, City BONITA SPRINGS			
State FL		Zip Code 34134	
E-mail Address: 300252970183 10/17/13--01031--007 **130.00 04/24/13 61292 025 \$134.93 duzoglou@gmail.com (To be used for future annual report notices)			
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  Date 10/16/13 REGISTERED AGENT MUST SIGN			
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	Diogenes Duzoglou	900 Biscayne Boulevard, O-301	Miami, FL 33132
11. 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 made under oath. I am aware 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 Managing Member/Manager  Date 10/14/2013 Daytime Phone # 7865527789 Typed or printed name of signing Managing Member/Manager Diogenes Duzoglou			

K. ASHTON