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 #		3. Mailing Office Address	
900 Biscayne Boulevard		900 Biscayne Boulevard	
Suite, Apt. #, etc.		Suite, Apt. # etc.	
O-301		O-301	
City & State		City & State	
Miami, FL		Miami, FL	
Zip	Country	Zip	Country
33132	USA	33132	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 (P.O. Box 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:
duzoglou@gmail.com
(To be used for future annual report notices)

300252970183
10/17/13--01031--007 **130.00
04/24/13 61292 025 $13493

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 if 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 # 7863327789

Typed or printed name of signing Managing Member/Manager Diogenes Duzoglou

K. ASHTON