

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
• Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **L13000032905**

1. Limited Liability Company's Name

G.T Solutions LLC

2. Principal Office Address - No P.O. Box #

18710 West Oakmont Dr.

Suite, Apt. #, etc.

City & State

Hialeah, FL

Zip

33015

Country

USA

3. Mailing Office Address

18710 West Oakmont Dr.

Suite, Apt. #, etc.

City & State

Hialeah, FL

Zip

33015

Country

USA

4. State/Country of Formation

Florida/USA

5. Date Organized or Qualified  
To Do Business in Florida

03/01/13

6. FEI Number

46-2252382

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

Thomas Cornelius Crews Jr.

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

18710 West Oakmont Dr.

Suite, Apt. #, Etc.

City

Hialeah

State

FL

Zip Code

33015

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

REGISTERED AGENT MUST SIGN

Date

07/16/14

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	Thomas Cornelius Crews Jr.	18710 West Oakmont Dr.	Hialeah, FL 33015
<b>REINSTATEMENT</b> <b>2013-2014</b>		<b>S. HAWKES</b> <b>JUL 21 A.M.</b> <b>EXAMINER</b>	<b>S. HAWKES</b> <b>JUL 21 A.M.</b> <b>EXAMINER</b>

11. E-mail Address: Tcrews27@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

Date 07/16/14

Daytime Phone # 305-331-2678

Typed or printed name of signing Authorized Representative/Manager

Thomas Cornelius Crews Jr

FILED  
14 JUL 18 AM 10:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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