

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2016 JUN 17 AM 8:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #L13000071989

1. Limited Liability Company's Name  
GIR, LLC

2. Principal Office Address - No P.O. Box #  
4284 Las Palmas Way

3. Mailing Office Address  
4284 Las Palmas Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Sarasota, FL

City & State  
Sarasota, FL

Zip Country  
34238 USA

Zip Country  
34238 USA

8. Name and Address of Current Registered Agent

Name  
John Vaccaro

Street Address (P.O. Box Number is Not Acceptable) Suite,  
4284 Las Palmas Way

Apt. #, Etc.

City  
Sarasota

State Zip Code  
FL 34238

REINSTATEMENT 2014-16

4. State/Country of Formation  
FL

5. Date Organized or Qualified  
To Do Business in Florida 05/16/2013

6. FEI Number Applied For  
46-3068697 Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required  
for a certificate of status

900287006329  
06/17/16--01026--010 \*\*\$16.25

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 6/14/16

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	John Vaccaro	4284 Las Palmas Way	Sarasota, FL 34238

11. E-mail Address: johnvaccaro1@hotmail.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 605.0012, 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 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

Date 6/14/16

Daytime Phone #

941-780-7945

Typed or printed name of signing authorized representative/member John Vaccaro