

APPL. FOR REINSTATEMENT OF LIMITED LIABILITY COMPANY

FLORIDA DEPARTMENT OF STATE
Tallahassee, Florida
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 MAR 26 PM 2:37

Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address
of Limited Liability Company

DOCUMENT #L94000000110

GAM SOUTH, L.C.

1a. Principal Place of Business Address

12085-12095 N.W. 39th Street
Coral Springs, Florida 33065

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

8/23/96

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

3. Date Organized or Qualified

March 15, 1994

3a. State of Formation

Florida

4. FEI Number

65-0488106

☐ Applied For

☐ Not Applicable

5. Date of Last Report

02/13/95

6. Certificate of Status Desired

\$8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

Gilbert Knauer
12085-12095 N.W. 39th Street
Coral Springs, Florida 33065

8. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, etc.

City

FL

Zip Code

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

Gilbert Knauer

Date

3/24/98

10. Title

Managing Members/Managers

Business Street Address

City, State & Zip Code

MGR Gilbert Knauer

17172 Mandylynn Court

Boca Raton, FL 33496

MEM Alan Bueller

6544 NW 39th TERR

Boca Raton, FL 33496

MEM Michael Neider

6434 NW 31st Way

Boca Raton, FL 33496

000002474070--6

-03/31/98--01094--001

***1066.25 ***1066.25

REINSTATEMENT

1996-1998

BK

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.

Signature of
Managing Member/Manager

Gilbert Knauer

Date

3/24/98

Daytime Phone #

954 3464900

Typed or printed name of signing Managing Member/Manager

Gilbert Knauer