

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

VUN

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # L96000000001**

1. Limited Liability Company's Name  
**GS&B, LC**

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2. Principal Office Address - No P.O. Box # <b>7550 Martinique Blvd</b>		3. Mailing Office Address <b>1350 Pennington Rd</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Boca Raton, FL</b>		City & State <b>Teaneck, NJ</b>	
Zip <b>33433</b>	Country <b>USA</b>	Zip <b>07666</b>	Country <b>USA</b>

CR2E041 (1/14)

4. State/Country of Formation <b>Florida/</b>	
5. Date Organized or Qualified To Do Business in Florida <b>12/29/1995</b>	
6. FEI Number <b>65-0683469</b>	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <b>\$5.00 Additional Fee required for a certificate of status</b>	

8. Name and Address of Current Registered Agent			
Name <b>Susan Richman</b>			
Street Address (P.O. Box Number is Not Acceptable) Suite, <b>7550 Martinique Blvd</b>			
Apt. #, Etc.			
City <b>Boca Raton</b>	State <b>FL</b>	Zip Code <b>33433</b>	

FILED  
2024 FEB - 7 PM 8:29  
TALLAHASSEE  
FLORIDA

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

Date

REGISTERED AGENT MUST SIGN

**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
	<b>Susan Richman, AR</b>	<b>7550 Martinique Blvd</b>	<b>Boca Raton, FL 33433</b>
	<b>Barbara Goldstein, AR</b>	<b>7550 Martinique Blvd</b>	<b>Boca Raton, FL 33433</b>

11. E-mail Address **gsbfloridalc@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 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

*Susan Richman*

Date

**01/18/2024**

Daytime Phone #

**201-707-8450**

Typed or printed name of signing authorized representative/member **jSusan Richman**