

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC -3 AM 11:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200009307092
12/03/02--01011--013 **155.00

1. DOCUMENT # L97000000476

Name and Mailing Address

0002639 01 FP 0.352 **PRSR T8 0 0615 33166-644340
GAF HOLDINGS L.C.
4440 N.W. 74TH AVENUE
MIAMI FL 33166-6443



CR2E084 (8/02)

2. New Mailing Address PO BOX 527664 MIAMI FL 33152-7664 City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 4440 N.W. 74TH AVENUE MIAMI FL 33166		5. Date Organized or Qualified To Do Business in Florida 05/01/1997	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 65-0755191 Applied For Not Applicable	
		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent PULIDO, GABRIEL 4440 N.W. 74TH AVENUE MIAMI FL 33166		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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10. 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 [Signature] Date 11/22/02

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	PULIDO, JANET	4440 N.W. 74TH AVENUE	MIAMI FL 33166
MGRM	PULIDO, GABRIEL	4440 N.W. 74TH AVENUE	MIAMI FL 33166
MGRM	PULIDO, GABRIEL E	4440 N.W. 74TH AVENUE	MIAMI FL 33166
MGRM	PULIDO, ALBA	4440 N.W. 74TH AVENUE	MIAMI FL 33166
MGRM	PULIDO, LUIS F	4440 N.W. 74TH AVENUE	MIAMI FL 33166

12. 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 [Signature] Date 11/22/02 Daytime Phone # (305) 477-3611

Typed or printed name of signing Managing Member/Manager Alba Pulido