

FILED

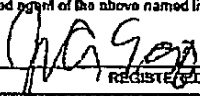
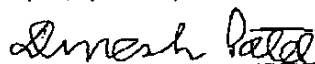
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

06 JUL 27 AM 11:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600078076416

CR2E041 (8/05)

LIMITED LIABILITY COMPANY REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L98000000604					
1. Limited Liability Company's Name GAMI OCEANFRONT, LLC					
2. Principal Office Address c/o Litman Gerson LLP			3. Mailing Office Address		
Suite, Apt. #, etc. 500 W. Cummings Pk., #4900			Suite, Apt. #, etc.		
City & State Woburn MA			City & State		
Zip 01801		Country USA		Zip	
				Country	
4. State/Country of Formation Florida					
5. Date Organized or Qualified To Do Business in Florida 5/13/98					
6. FEI Number 65-0834870				Applied For ☐ Not Applicable	
7. CERTIFICATE OF STATUS DESIRED ☐ See Instructions for required form for Certificate of Status					
8. Name and Address of Current Registered Agent					
Name Jane C. Rankin, Esquire, c/o Kubicki Draper					
Street Address (P.O. Box Number is Not Acceptable) One East Broward Boulevard					
Suite, Apt. #, Etc. Suite 1600					
City Fort Lauderdale					
State FL					
Zip Code 33301					
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  Date 7/19/06					
REGISTERED AGENT MUST SIGN					
10. Names and Street Addresses of Managing Members/Managers					
Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager		City / State / Zip	
MgrM	Gami Oceanfront, Inc.	c/o Litman Gerson LLP, 500 W Cummings Pk., #4900		Woburn, MA 01801	
MgrM	Gami Oceanfront Limited Partnership	c/o Litman Gerson, 500 W Cummings Pk., #4900		Woburn, MA 01801	
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  Date 7/21/2006 Daytime Phone # 781-933-9660					
Typed or printed name of signing Managing Member/Manager Dinesh Patel, Pres., of Gami Oceanfront, Inc., MgrM					



CORPORATION SERVICE COMPANY

L98000000604

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06 JUL 27 PM 4:06

ACCOUNT NO. : 072100000032

DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

REFERENCE : 272050

11663B

AUTHORIZATION :

[Signature]

COST LIMIT : \$ 200.00

ORDER DATE : July 27, 2006

ORDER TIME : 3:14 PM

ORDER NO. : 272050-005

CUSTOMER NO: 11663B

BK

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOMESTIC FILINGS

NAME: GAMI OCEANFRONT, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - Ext# 2956

EXAMINER'S INITIALS _____