

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 APR -7 PM 8:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L98-3350

1. Limited Liability Company's Name

GCSTT, L.L.C.

2. Principal Office Address

843 S. 46TH Lane

3. Mailing Office Address

1546 Duoman St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Cape Coral, Fla.

City & State

Green Bay Wisconsin

Zip

Country

USA.

Zip

Country

54303

USA.

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

12/23/98

6. FEI Number

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Daniel Samp I.

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

~~Green Bay Wisconsin~~

200003214882-5

-04/19/00--01085--00

Suite, Apt. #

#201

***205.00 ***205.00

City

Cape Coral Fla.

State
FL

Zip Code

~~33914~~

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

Daniel Samp

REGISTERED AGENT MUST SIGN

Date

3/5/00

10. Names and Street Addresses of Managing Members/Managers

Titles

Name of
Managing Members/Managers

Street Address of Each
Managing Member/Manager

City / State / Zip

President	Daniel Samp I.	3715 N. Nicolet Dr	Green Bay WI 54303
	<i>Daniel Samp</i>		

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

Daniel Samp

Date

3/8/00

Daytime Phone #

920 494 6611

Typed or printed name of signing Managing Member/Manager

Daniel Samp