

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 SECRETARY OF STATE DIVISION OF CORPORATIONS

01 APR 12 PM 2:39

DOCUMENT # L99000001161

9/29/00

1. Limited Liability Company's Name

G & A INVESTMENTS, L.L.C.

2. Principal Office Address

4811 Island Pond Court

Suite, Apt. #, etc.

#905

City & State

Bonita Springs, Florida

Zip

34134

Country

U.S.A.

3. Mailing Office Address

4811 Island Pond Court

Suite, Apt. #, etc.

#905

City & State

Bonita Springs, Florida

Zip

34134

Country

U.S.A.

4. State/Country of Formation

Florida/U.S.A.

5. Date Organized or Qualified To Do Business in Florida

N/A

6. FEI Number

59-3563699

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

Arthur M. Horwitz

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

4811 Island Pond Court

Suite, Apt. #, Etc.

#905

City

Bonita Springs

State

FL

Zip Code

34134

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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

Arthur M. Horwitz (Signature)

Arthur M. Horwitz, Registered Agent

Date

4/5/01

10. Names and Street Addresses of Managing Members/Managers

Table with 4 columns: Titles, Name of Managing Members/Managers, Street Address of Each Managing Member/Manager, City / State / Zip. Row 1: MGR, Arthur M. Horwitz, 4811 Island Pond Court #905, Bonita Springs, Florida 34134

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

Arthur M. Horwitz (Signature)

Date

4/5/01

Daytime Phone #

(941) 948-7804

Typed or printed name of signing Managing Member/Manager

Arthur M. Horwitz, Managing Member

CR2ED41 (9/00)