

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



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

**FILED**

01 OCT 22 PM 12:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

L99-2990

**1. Limited Liability Company's Name**

G.G. & J. OF COCOA BEACH, L.C.  
249 W. COCOA BEACH CSWY.  
COCO BEACH, FL. 32931

**2. Principal Office Address**

**3. Mailing Office Address**

SAME ↑  
Suite, Apt. #, etc.

SAME ↑  
Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

**4. State/Country of Formation**

FLORIDA U.S.A.

**5. Date Organized or Qualified  
To Do Business in Florida**

JUNE 1999

**6. FEI Number**

65-0922125

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

GLENDA MARTIN

800004653758-7

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

249 W. COCOA BEACH CSWY

Suite, Apt. #, Etc.

COCO BEACH, FLORIDA 32931

City

State

FL

Zip Code

32931

**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

*Glenda Martin*

REGISTERED AGENT MUST SIGN

Date 10-15-2001

**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
	GLENDA MARTIN	5800 N. BANANA RIVER BLVD #225	CAPE CANAVERAL FL. 32920

**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

*Glenda J. Martin*

Date 10-15-2001

Daytime Phone # 321-799-9190

Typed or printed name of signing Managing Member/Manager

GLENDA J. MARTIN

CR2E041 (9/01)