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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION	FLORIDA DEPARTMENT OF REVENUE
M00000000280	

FILED

03 OCT 24 PM 1:36

1. DOCUMENT # M00000000280

Name and Mailing Address

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00076111 017AT 0.292 **AUTO TB 0.0615 33180-152999

GLAD-FTM, LLC

20533 DISCAYNE BLVD., #484

AVENTURA FL 33180-1529

8750-12 GLADIOLUS DR
FORT MYERS FL 33908

2. New Mailing Address		4. State/Country of Formation TN	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 02/09/2000	
Principal Place of Business 8750-12 GLADIOLUS DRIVE FORT MYERS FL 33908	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 62-1772696	Applied For Not Applicable
8. Name and Address of Current Registered Agent ZUKERMAN, HAIM 8750-12 GLADIOLUS DRIVE FORT MYERS FL 33908		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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 _____ DATE _____ SIGNATURE REQUIRED 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	ZUKERMAN, HAIM	20533 DISCAYNE BLVD., #484 8750-12 GLADIOLUS DR FORT MYERS FL	AVENTURA FL 33180 33908
		200024422992 11/04/03--01066--026 **150.00	
		REINSTATEMENT	
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		Date 10/21/23 Daytime Phone # 239-728-5200	
Typed or printed name of signing Manager/Member/Manager			

CR2E084 (7/03)