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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT OF LIMITED LIABILITY COMPANY

FLORIDA DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS, SECURITIES AND FINANCIAL SERVICES

M0000000280

FILED

03 OCT 24 PM 1:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # M0000000280

Name and Mailing Address

0007611 01 AT 0.292 **AUTO TB 0,0615 33180-15299



GLAD-FTM, LLC

20533 BISCAYNE BLVD., #484 8750-12 GLADIOLUS DR
 AVENTURA FL 33180-1529 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 <u>SIGNATURE REQUIRED</u> Date _____ 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 BISCAYNE BLVD., #484 8750-12 GLADIOLUS DR FORT MYERS FL	AVENTURA FL 33180 33908
			200024422992 11/04/03--01066--026 **150.00
REINSTATEMENT 03			
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 <u>SIGNATURE REQUIRED</u>		Date <u>10/21/03</u> Daytime Phone # <u>239-728-5200</u>	
Typed or printed name of signing Member/Manager _____			

CR2E084 (7/03)