

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 OCT 27 AM 8:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # M01000002300**

1. Limited Liability Company's Name

G&W Distributors, LLC

900024172039  
10/27/03--01095--022 \*\*200.00

2. Principal Office Address

45 Bartlett Street

Suite, Apt. #, etc.

City & State

Marlborough, MA

Zip

01752

Country

USA

3. Mailing Office Address

951 Broken Sound Parkway

Suite, Apt. #, etc.

160

City & State

Boca Raton, Florida

Zip

33487

Country

USA

4. State/Country of Formation

Delaware

5. Date Organized or Qualified  
To Do Business in Florida

10/12/2001

6. FEI Number

651102052

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

Stacey L. Griffiths, Esq.

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

951 Broken Sound Parkway

Suite, Apt. #, Etc.

160

City

Boca Raton

State

FL

Zip Code

33487

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

REGISTERED AGENT MUST SIGN

Date

10-15-03

**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
MGRM	Victor N. Grillo, Sr.	951 Broken Sound Parkway, Suite 160	Boca Raton, Florida 33487
MGRM	Raymond Wysocki	45 Bartlett Street	Marlborough, MA 01752

REINSTATEMENT 02-03  
dec

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

Date

10/20/03

Daytime Phone #

561-999-9441

Typed or printed name of signing Managing Member/Manager

Victor N. Grillo, Sr.

CR2E041 (10/02)