M03000001801

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
05 AUG -5 PM 4:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M03000001801

900058295299

1. Limited Liability Company's Name
GRM Information management Services of miami, LLC 04.

2. Principal Office Address	3. Mailing Office Address
1801 N.W. First Ave	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, Florida	City & State
Zip: 33136 Country: USA	Zip Country

4. State/Country of Formation: Delaware, USA
5. Date Organized or Qualified To Do Business in Florida: 6/03/03
6. FEI Number: 22-3790917 ☐ Applied For ☐ Not Applicable
7. CERTIFICATE OF STATUS DESIRED ☐ $30.00 additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: Corporation Service Company
Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street
Suite, Apt. #, Etc.:
City: Tallahassee State: FL Zip Code: 32301

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: Deborah D. Skipper Deborah D. Skipper Date: 8/5/05
REGISTERED AGENT MUST SIGN Asst. V. Pres.

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
Mgr	Moishe Mana	16270 Senterra Drive	Delray Beach, Florida 33484
		REINSTATEMENT	2004-2005

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 608.408, 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: [signature] Date: 8/04/05 Daytime Phone: (305) 573-3336

Typed or printed name of signing Managing Member/Manager: Moishe Mana

M03000001801

CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 524139 4370848

AUTHORIZATION : Patricia Pigott

COST LIMIT : $ 230.00

ORDER DATE : August 4, 2005

ORDER TIME : 10:59 AM

ORDER NO. : 524139-005

CUSTOMER NO: 4370848

CUSTOMER: Fran M. Parker, Esq
Fran Mulnick Parker, Esq.
450 West 15th Street

New York, NY 10011

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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA
DIVISION OF CORPORATION

RECEIVED
05 AUG -5 PM 12:45

REINSTATEMENT

NAME: GRM INFORMATION MANAGEMENT SERVICES OF MIAMI, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
_____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Haddan

EXAMINER'S INITIALS _____