

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # M05000005552

1. Limited Liability Company's Name

GT MIAMI LLC

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #
10360 USA TODAY WAY

Suite, Apt. #, etc.

City & State
Miramar, Fl

Zip
33025

Country
USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation
FLORIDA, USA

5. Date Organized or Qualified
To Do Business in Florida 09/25/2005

6. FEI Number
203443612

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
JAMES GORSUCH, CFO

Street Address (P.O. Box Number is Not Acceptable)
10360 USA TODAY WAY

Suite, Apt. #, Etc.

City
Miramar, Fl

State
FL

Zip Code
33316

☒ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

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

11/2/09

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	GRANITE TRANSFORMATIONS	10360 USA TODAY WAY	Miramar, Fl. 33025
			500162577555 11/09/09--01045--016 #421.25

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

11/2/09

Daytime Phone #

954-435-5538

Typed or printed name of signing Managing Member/Manager

JAMES GORSUCH, CFO

T. Hampton NOV 16 2009