



2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # M07000004564 1. Entity Name G1R FLORIDA, LLC						FILED 09 FEB -6 PM 3: 35 SECRETARY OF STATE TALLAHASSEE, FLORIDA																														
Principal Place of Business 950 ECHO LANE, SUITE 100 HOUSTON, TX 77024				Mailing Address 950 ECHO LANE, SUITE 100 HOUSTON, TX 77024																																
2. Principal Place of Business - No P.O. Box # 800 GESSNER		3. Mailing Address 800 GESSNER																																		
Suite, Apt. #, etc. Suite 500		Suite, Apt. #, etc. Suite 500/Legal Dept.																																		
City & State Houston Tx		City & State Houston Tx																																		
Zip 77024		Zip 77024																																		
Country USA		Country USA		4. FEI Number 26-0609879		Applied For <input type="checkbox"/> Not Applicable																														
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent CAPITOL CORPORATE SERVICES, INC. 155 OFFICE PLAZA DRIVE, SUITE A TALLAHASSEE, FL 32301																																
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code				8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>Gayle Wendle, Asst Sec</u> DATE <u>2-3-2009</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																
FILE NOW!!! FEE IS \$277.50				In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.																																
Make check payable to Florida Department of State				9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 30%;">STREET ADDRESS</td> <td style="width: 10%;">CITY-ST-ZIP</td> <td style="width: 10%; text-align: center;">Delete</td> </tr> <tr> <td></td> <td>MGRM</td> <td>GROUP 1 REALTY, INC.</td> <td>950 ECHO LANE, SUITE 100</td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td>800 GESSNER #500</td> <td>HOUSTON, TX 77024</td> <td></td> </tr> </table>				TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete		MGRM	GROUP 1 REALTY, INC.	950 ECHO LANE, SUITE 100	<input type="checkbox"/>			800 GESSNER #500	HOUSTON, TX 77024		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 30%;">STREET ADDRESS</td> <td style="width: 10%;">CITY-ST-ZIP</td> <td style="width: 10%; text-align: center;">Delete</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> </tr> </table>				TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete					<input type="checkbox"/>
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.				REINSTATEMENT 2008-2009																																
SIGNATURE: <u>Beth Sibley</u> Beth Sibley Corp. Secretary 1/21/09 713-647-5709 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date Daytime Phone #																																

M07000004564

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302

155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 02-06-09

NAME: GIR FLORIDA, LLC

TYPE OF FILING: REINSTATEMENT

COST: \$277.50 + \$30= \$307.50

RETURN: CERTIFIED COPY

RECEIVED
09 FEB -6 PM 2:49
REINSTATEMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

Abbie Hodge

APK
