M10800001359

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H10000220331 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

FILED
10 OCT -7 AM 8:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : TRIAD PROFESSIONAL SERVICES, LLC
Account Number : I20020000094
Phone : (770)777-2091
Fax Number : (770)220-1943

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

RECEIVED
10 OCT -7 PM 4:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY REINSTATEMENT
GFI ACQUISITION, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	~~$238.75~~

$ 377.50

J. BRYAN
OCT - 8 2010
EXAMINER

Electronic Filing Menu Corporate Filing Menu Help

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
10 OCT -7 AM 8:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (05/10)

DOCUMENT # M08000001359

1. Limited Liability Company's Name

GFI ACQUISITION, LLC

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
50 Broadway		50 Broadway	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
4th Floor		4th Floor	
City & State		City & State	
New York, NY		New York, NY	
Zip	Country	Zip	Country
10004	USA	10004	USA

4. State/Country of Formation: Delaware

5. Date Organized or Qualified To Do Business in Florida: 03/20/2008

6. FEI Number: 208875133 ☐ 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: NRAI Services, Inc.

Street Address (P.O. Box Number is Not Acceptable): 2731 Executive Park Drive

Suite, Apt. #, Etc.: Suite 4

City	State	Zip Code
Weston	FL	33331

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: _____ Date: 10/06/2010

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Bernard Diamond	50 Broadway, 4th Floor	New York, NY 10004

REINSTATEMENT 2009-10

11. E-mail Address: _____
(To be used for future annual report notifications)

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 608.508, 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: 10/06/2010 Daytime Phone #: 212-837-7514

Typed or printed name of signing Managing Member/Manager: Bernard Diamond

(((H10000220331 3)))