

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

01 NOV 16 PM 3:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 1797000000146

1. Limited Liability Company's Name

GPH FLORIDA MANAGEMENT LLC

2. Principal Office Address

360 W. BUTTERFIELD RD

Suite, Apt. #, etc.

400

City & State

ELMHURST ILLINOIS

Zip

60126

Country

USA

3. Mailing Office Address

SOME

Suite, Apt. #, etc.

City & State

SOME

Zip

60126

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified  
To Do Business in

JAN-22-1997

6. FFI Number

36-4139238

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

CT CORPORATION

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

1200 SOUTH PINE ST

Suite, Apt. #, Etc.

City

PLANTATION

600004707026-7

-12/06/01--01003--007

\*\*\*155.00 \*\*\*155.00

State

FL

Zip Code

33324

9. I, being appointed the registered agent of the above named limited liability company, hereby certify that the information furnished herein is true and correct, and that I am a resident of the State of Florida.

Signature of  
Registered Agent

Barbara A. Burke

REGISTERED AGENT MUST SIGN

Obligations of Chapter 608, F.S.

SECRETARY

Date

11-13-01

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

Maxim WESLEY JAY GIBSON

1 CHARLESTON ROAD

WINDSOR FL 60521

Maxim GEORGE W HOWARD

3250 NICKS PLACE

CLEARWATER FL 34621

REINSTATEMENT

01 gus  
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

Wesley Jay Gibson

Date

11/9/01

Daytime Phone #

630 993-0800

Typed or printed name of signing Managing Member/Manager

WESLEY JAY GIBSON