

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 OCT 16 PM 4:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400110059784
09/25/07 01059-025 **159.75

CR2E041 (1/07)

DOCUMENT # L00000009521

1. Limited Liability Company's Name

GATES HOUSING GROUP, LLC

2. Principal Office Address - No P.O. Box #
1217 CAPE CORAL PKWY #300

3. Mailing Office Address
23404 Lyons Ave #223

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Cape Coral

City & State
Santa Clarita, CA

Zip Country
FL 33904-9604

Zip Country
91321 USA

4. State/Country of Formation
Florida

5. Date Organized or Qualified To Do Business in Florida
08/09/2000

6. FEI Number
26-1141324

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
PRESIDENTIAL SERVICES INCORPORATED

Street Address (P.O. Box Number is Not Acceptable)
1217 CAPE CORAL PKWY #300

Suite, Apt. #, Etc.

City
Cape Coral

State Zip Code
FL 33904-9604

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

[Handwritten Signature]

Date **9/20/2007**

REGISTERED AGENT MUST SIGN

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
Manager	Bob Lambert	23404 Lyons Ave #223	Santa Clarita, CA 91321

450.00

REINSTATEMENT 01-07

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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

[Handwritten Signature]

Date **9/26/2007**

Daytime Phone # **661-253-3303**

Typed or printed name of signing Managing Member/Manager

400110059784
10/19/07 01007-006 **450.00