

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2013 FEB -4 PM 4:59

SECRETARY OF STATE
TALLAHASSEE FLORIDA

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L01000017961

1. Limited Liability Company's Name

Gallery Inn LLC

02/05/13--01001--010 **1656.25

400244349674
02/05/13--01001--010 **1656.25

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #
126 Peach Tree Lane

Suite, Apt. #, etc.

3. Mailing Office Address
126 Peach Tree Lane

Suite, Apt. #, etc.

4. State/Country of Formation

FL/USA

5. Date Organized or Qualified
To Do Business in Florida

10/18/2001

City & State

Brattleboro, VT

City & State

Brattleboro, VT

Zip
05301

Country
USA

Zip
05301

Country
USA

6. FEI Number
561156482

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

Gail Kurman LLC

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

5124 Higel Ave

Suite, Apt. #, Etc.

City

Sarasota

State

FL

Zip Code

34242

E-mail Address:

bjames@hilltopmontessori.org

(To be used for future annual report notices)

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

Gail Kurman **MM**

Date

1/22/2013

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
Mgrm	Luttinger Limited Partnership, LLLP	126 Peach Tree Lane	Brattleboro, VT 05301

REINSTATEMENT
2003-2013

FEB 04 2012

D. BRUCE

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing
Member/Manager

Tanya Luttinger

Date

1/29/13

Daytime Phone #

812 291 3353

Typed or printed name of signing Managing Member/Manager

Tanya Luttinger