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LIMITED LIABILITY REINSTATEMENT
RIVERGATE, LLC

Certificate of Status	0
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Page Count	02
Estimated Charge	$793.75

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T. HAMPTON
AUG 29 2011
EXAMINER

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (1/11)

DOCUMENT # L02000015352

1. Limited Liability Company's Name

RIVERGATE, LLC

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
3014 US Hwy 301 N		176 Rt. 9 North	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 700		# 204	
City & State		City & State	
Tampa, FL		Englishtown, NJ	
Zip	Country	Zip	Country
33619		07726	

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 06/19/2002

6. FEI Number: 010725014 ☐ 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 System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.:

City: Plantation | State: FL | Zip Code: 33324

E-mail Address: apatti@aqueinvestmentgroup.com
(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: Stephanie Allison Date: 8/25/11
REGISTERED AGENT MUST SIGN
Assistant Secretary

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Charles Aque	176 Rt. 9 North, #204	Englishtown, NJ 07726

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, and 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: Date: 8/23/11 Daytime Phone #: (732) 829-4374

Typed or printed name of signing Managing Member/Manager:

FLR1u - 01/19/2011 C T System Online

REINSTATEMENT 2007 - 2011