

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2008 OCT 28 A 11:26

FILED

CR2E041 (10/08)

DOCUMENT #

1. Limited Liability Company's Name

GSN PARTNERS "LLC"

2. Principal Office Address - No P.O. Box #

5650 STRAND COURT

Suite, Apt. #, etc.

N/A

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

N/A

City & State

NAPLES FLORIDA

City & State

SAME

Zip

34110

Country

USA

Zip

34110

Country

COLLIER

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida

05/16/2006

6. FEI Number

20-4966054

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

ALAN STERNBERG

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

442 PALM COURT

Suite, Apt. #, Etc.

City

NAPLES

State

FL

Zip Code

34110

☒ 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

Alan Sternberg

Date 10-13-2008

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	JOHN GALLACHER	54 NETHERLANDS DRIVE	HOLLAND PA. 18166
MGRM	ARNIE NEEDLEMAN	3845 ST. JAMES WAY	BOCA RATON FL 33434
MGRM	ALAN STERNBERG	442 PALM COURT	NAPLES FL. 34108
REINSTATEMENT	2007, 2008	700137255887	10/24/08--01031--015 **282.50

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

Alan Sternberg

Date 10/13/08

Daytime Phone # 239-444-5698

Typed or printed name of signing Managing Member/Manager

ALAN STERNBERG