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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

18 SEP 14 PM 1:16

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L15000146184

1. Limited Liability Company's Name GACP Private Capital Management LLC

000318526840

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box # 2333 Ponce DeLeon Blvd Suite, Apt. #, etc R-240 City & State Coral Gables, FL Zip 33136 Country USA

3. Mailing Office Address 2333 Ponce DeLeon Blvd Suite, Apt. #, etc R-240 City & State Coral Gables, FL Zip 33136 Country USA

4. State/Country of Formation Florida 5. Date Organized or Qualified To Do Business in Florida 09/01/2015 6. FEI Number X 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

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S. Signature of Registered Agent Mark Holloway, Asst. Sec Date 9/13/18 REGISTERED AGENT MUST SIGN

Table with 4 columns: Titles, Name of Authorized Representatives/Managers, Street Address of Each Authorized Representative/Manager, City / State / Zip. Row 1: Auth. Rep., General American Capital Partners LLC, 2333 Ponce De Leon Blvd, #R240, Miami, FL 33134

11. E-mail Address: bdagrosa@gacp.com (To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 605.0012, 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S. Signature of Authorized Representative/Manager Date 9/12/18 Daytime Phone # 786-662-3114 Typed or printed name of signing Authorized Representative/Manager Joseph DeGross Jr.

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### CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312  
850-656-4724

Date: 9/14/2018

Acc#120160000072

*eric JSH*

Name:	GACP Private Capital Management LLC
Document #:	
Order #:	11153454 (Line 24)

Certified Copy of Arts & Amend:	<input type="checkbox"/>	
Plain Copy:	<input type="checkbox"/>	
Certificate of Good Standing:	<input type="checkbox"/>	
	<input type="checkbox"/>	
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:
		Number of Certs:

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>
	Plain: <input type="checkbox"/>
	COGS: <input type="checkbox"/>

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ 546.25

Thank you!

RECEIVED  
DEPARTMENT OF STATE  
18 SEP 14 AM 11:28