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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		3. Mailing Office Address 2333 Ponce DeLeon Blvd	
Suite, Apt. #, etc R-240		Suite, Apt. #, etc R-240	
City & State Coral Gables, FL		City & State Coral Gables, FL	
Zip 33136	Country USA	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	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
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: [Signature] Date: 9/12/18 Daytime Phone #: 786-662-3114

Typed or printed name of signing Authorized Representative/Manager: Joseph DeGross Jr.

T MOORE  
SEP 14 2018

### CT CORP

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

Date: 9/14/2018

Acc#120160000072

*eric jsw*

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  
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