

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SEP 14 PM 12:26

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

600318526886

CR2E041 (1/14)

DOCUMENT # L15000146259

1. Limited Liability Company's Name
GACP U.S. Private Equity Advisors LLC

2. Principal Office Address - No P.O. Box #
2333 Ponce De Leon Blvd.
Suite, Apt. #, etc
Ste. R-#240
City & State
Coral Gables, FL
Zip
33134
Country
USA

3. Mailing Office Address
2333 Ponce De Leon Blvd.
Suite, Apt. #, etc.
Ste. R-#240
City & State
Coral Gables, FL
Zip
33134
Country
USA

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

[Empty space for agent information]

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* Mark Holloway, Asst. Secretary Date 9/12/2018
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 *Joseph DaGrosa Jr.* Date 9/12/18 Daytime Phone # 786-662-3114
Typed or printed name of signing Authorized Representative/Manager Joseph DaGrosa Jr.

T MOORE
SEP 14 2018

CT CORP

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

Date: 9/14/2018

Acc#120160000072

Eric D.W.

Name:	GACP U.S. Private Equity Advisors LLC
Document #:	
Order #:	11153454 (Line 28)

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"/>

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Amount: \$ 546.25

Thank you!