PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L16000088081

Current Limited Liability Company Name
2GATHER LLC

900386018058B9
02/15/21--01005--010 **750.00

SR2E041 (11/14)

2 Principal Office Address - No P.O. Box
2875 NE 191 STREET

Suite, Apt. #, etc.
STE 601

City & State
AVENTURA, FL

Country | Zip
33180 US

3 Mailing Office Address
23 rue de Verdun

Suite, Apt. #, etc.
Carcassonne

Zip | Country
11000 FRANCE

4 State/Country of Formation
FLORIDA, US

5. Date Organized or Qualified To Do Business in Florida 05/04/2016

6 FEI Number
38-4004657
☐ Applied For
☐ Not Applicable

7 STATE DOCUMENT DESIRED ☐ **$5.00 Additional Fee required for a certificate of status**

8 Name and Address of Current Registered Agent

STEVEN LEVY

Street Address (P.O. Box Number is Not Acceptable) Suite
2875 NE 191 STREET
Apt. #, Etc.
STE 601

City | State | Zip Code
AVENTURA FL 33180

2021 FEB 12 PM 7:25

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
REGISTERED AGENT MUST SIGN

Date 2/8/2021

10 Name(s) and Street Address(es) of Authorized Representative(s)/Manager(s)

Name of Authorized Representative/ Manager		Street Address of Each Authorized Representative/ Manager	City / State / Zip
AMBR	ATTAL, VINCENT	23 rue de Verdun	Carcassonne, FRANCE 11000

FEB 02 2021

S. YOUNG

11 E-mail Address NUSOVICH@YOURNATIONAL.COM

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 requirement 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 further acknowledge 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 authorized representative/member — Date 2/8/2021 — Daytime Phone # 305-692-5204

Typed or printed name of signing authorized representative/member ATTAL, VINCENT