

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

02 APR -8 PM 12:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000001392

1. Limited Liability Company's Name

GULF PACIFIC PROPERTIES, LLC

2. Principal Office Address

P.O. Box 503

Suite, Apt. #, etc.

City & State

Sarasota, FL 34230

Zip

34230

Country

3. Mailing Office Address

P.O. Box 503

Suite, Apt. #, etc.

City & State

Sarasota, FL 34230

Zip

34230

Country

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

2/8/2000

6. FEI Number

65-0999741

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

Chris Pettit

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

1661 Cottonwood Trail

Suite, Apt. #, Etc.

City

Sarasota, FL 34232

State

FL

Zip Code

34232

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

Chris Pettit

REGISTERED AGENT MUST SIGN

Date

3/26/02

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
Pres	Chris Pettit	1661 Cottonwood Trail	Sarasota, FL 34232
VP	Ron Pettit	1661 Cottonwood Trail	Sarasota, FL 34232
Sec	Susan Schilling	3977 Martin Drive	San Mateo, CA 94403
MNG	Christian Schilling	3977 Martin Drive	San Mateo, CA 94403
MNG	Tom Luburic	1661 Cottonwood Trail	Sarasota, FL 34232

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

Chris Pettit

Date

3/26/02

Daytime Phone #

941-342-1664

Typed or printed name of signing Managing Member/Manager

CHRIS PETTIT

CR2E041 (9/01)