

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 SEP -8 AM 9:35

DOCUMENT # L00000005300

1. Limited Liability Company's Name

Golden Gate S, LLC

600059381906
09/07/05--01010--025 **350.00

2. Principal Office Address

5410 Homberg Drive

3. Mailing Office Address

P.O. Box 11229

Suite, Apt. #, etc.

Suite A

Suite, Apt. #, etc.

City & State

Knoxville, TN

City & State

Knoxville, TN

Zip

37919

Country

USA

Zip

37939

Country

USA

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified
To Do Business in Florida

2000

6. FEI Number

13-4115810

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

Blalock, Walters, Held & Johnson, P.A.

(formerly Blalock, Landers, Walters & Vogler, P.A.)

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

802 Tenth Street West

Suite, Apt. #, Etc.

City

Bradenton

State

FL

Zip Code

34205

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

Blalock Held, vice president

Date

8/5/05

REGISTERED AGENT MUST SIGN

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
MM	Estate of Alvin Schwartz	60 East 42nd Street, 55th Floor	New York, NY 10165

REINSTATEMENT 2001-05

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

Thomas Schwartz

Date

Daytime Phone #

212 880 0511

Thomas Schwartz, for the Estate of Alvin Schwartz

Typed or printed name of signing Managing Member/Manager