

LO0000006724

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS

FILED

02 NOV -1 AM 9:59

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # LO0000006724

1. Limited Liability Company's Name

Gateway Industrial Properties, LLC

2. Principal Office Address

2836 Seabreeze Dr.

Suite, Apt. #, etc.

City & State

Gulfport, Florida

Zip

33707

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

~~Florida~~

Zip

Country

4. State/Country of Formation

USA

5. Date Organized or Qualified To Do Business in Florida

6/2005

6. FEI Number

59-367-4650

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

SCOTT M. Clendening

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

2836 Seabreeze Dr.

Suite, Apt. #, Etc.

City

Gulfport

State

FL

Zip Code

33707

600008755796

11/01/02--01043--001 **150.00

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

Scott M Clendening

REGISTERED AGENT MUST SIGN

Date 10-22-02

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
MGR	SCOTT M Clendening	2836 Seabreeze Dr.	Gulfport, FL 33707

REINSTATEMENT 02
OK

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

Scott M Clendening

Date 10-22-02

Daytime Phone # 727-844-4715

Typed or printed name of signing Managing Member/Manager

Scott M Clendening

CR2E041 (9/01)