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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L00000006724

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
2003 OCT 23 PM 1:04
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. DOCUMENT # L00000006724

Name and Mailing Address

0009863 01 AT 0.292 **AUTO T6 0 0615 33707-391036

GATEWAY INDUSTRIAL PROPERTIES, LLC
2836 SEABREEZE DRIVE
GULFPORT FL 33707-3910

100024028641
10/23/03--01010--013 **150.00

CR2E084 (7/03)

2. New Mailing Address	4. State/Country of Formation: FL
City, State, Zip	5. Date Organized or Qualified To Do Business in Florida: 06/07/2000
Principal Place of Business: 2836 SEABREEZE DRIVE GULFPORT FL 33707	3. New Principal Place of Business Address
City, State, Zip	6. FEI Number: 59-3674650 — 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	9. Name and Address of New Registered Agent
CLENDENING, SCOTT M 2836 SEABREEZE DRIVE GULFPORT FL 33707	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City — FL — Zip Code

10. 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 — Date: 10-20-03

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	CLENDENING, SCOTT M	2836 SEABREEZE DRIVE	GULFPORT FL 33707
		REINSTATEMENT 2003	

12. 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: 10-20-03 — Daytime Phone #: 727-822-4715

Typed or printed name of signing Managing Member/Manager