

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JUN -5 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000011812

1. Limited Liability Company's Name

Gately & Associates, LLC

FL Cert. # 23661

2. Principal Office Address

1248 Woodridge Ct.
Suite, Apt. #, etc.

Altamonte Springs FL
City & State

Zip
32714

Country
Seminole

3. Mailing Office Address

1248 Woodridge Ct.
Suite, Apt. #, etc.

Altamonte Springs FL
City & State

Zip
32714

Country
Seminole

4. State/Country of Formation

Florida USA

5. Date Organized or Qualified
To Do Business in Florida

9-1-00

6. FEI Number

59-3673287

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

James P. Gately

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

1248 Woodridge Court

Suite, Apt. #, Etc.

Altamonte Springs FL

City

State
FL

Zip Code
32714

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

6/3/03

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	James P. Gately	1248 Woodridge Court	Altamonte Springs FL 32714

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

[Signature]

Date

6/3/03

Daytime Phone #

407-341-6942

Typed or printed name of signing Managing Member/Manager

James P. Gately