

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L00000012625

1. Limited Liability Company's Name

Gale, Kitson, Desanti & Mathis, LLC

2. Principal Office Address

9055 Ibis Blvd.

Suite, Apt. #, etc.

3. Mailing Office Address

9055 Ibis Blvd.

Suite, Apt. #, etc.

City & State

West Palm Beach, FL

City & State

West Palm Beach, FL

Zip

33412

Country

US

Zip

33412

Country

US

4. State/Country of Formation

US

5. Date Organized or Qualified

To Do Business in Florida 10/17/2000

6. FEI Number

592576948

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

George G. Speer

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

9055 Ibis Blvd.

Suite, Apt. #, Etc.

City

West Palm Beach

State

FL

Zip Code

33412

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**

REGISTERED AGENT MUST SIGN

Date

10-10-04

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
MEM	Sydney Kitson	9055 Ibis Blvd.	West Palm Beach, FL 33412
MEM	Mike Leeder	9055 Ibis Blvd.	West Palm Beach, FL 33412
MEM	George G. Speer	9055 Ibis Blvd.	West Palm Beach, FL 33412

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**

Date 6-10-04

Daytime Phone # 973-360-5622

Typed or printed name of signing Managing Member/Manager

George G. Speer

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900038088149
06/18/04--01021--003 **100.00

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07/12/04--01048--001 **100.00

REINSTATEMENT

63-04

CR2ED41 (10/02)