

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**L01000000646**

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #**

1. Limited Liability Company's Name

Finlay Interests GP 4, LLC

10/4/02

FILED  
03 SEP 18 PM 12:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

500023808412  
09/24/03--01070--005 \*\*200.00

2. Principal Office Address

4300 Marsh Landing Blvd.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite 101

City & State

Jacksonville Beach

City & State

Zip

Florida

Country

Zip

Country

32250

4. State/Country of Formation

Florida/Duval

5. Date Organized or Qualified  
To Do Business in Florida

6. FEI Number

59-3690922

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

B&C Corporate Services of Central Florida

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

390 North Orange Avenue Suite 1100

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32801

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]* Vice President

Date

9/16/03

REGISTERED AGENT MUST SIGN

**10. Names and Street Addresses of Managing Members/Managers**

| Titles | Name of<br>Managing Members/Managers | Street Address of Each<br>Managing Member/Manager | City / State / Zip            |
|--------|--------------------------------------|---|-------------------------------|
| MGR    | Finlay GP Holdings, Ltd              | 4300 Marsh Landing Blvd.<br>Suite 101             | Jacksonville Bch,<br>FL 32250 |
|        |                                      |   |                               |
|        |                                      |   |                               |
|        |                                      |   |                               |
|        |                                      |   |                               |
|        |                                      |   |                               |

REINSTATEMENT 2002-2003  
BK

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 2003

Daytime Phone # 280-1000

Typed or printed name of signing Managing Member/Manager

Christopher C. Finlay

CR2E041 (10/02)