

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 SEP 13 AM 10:38

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L01000009608

1. Limited Liability Company's Name

GALLERY 200, LLC

2. Principal Office Address

793 WILLOW BROOK DR

Suite, Apt. #, etc.

#102

City & State

NAPLES FL

Zip

34108

Country

USA

3. Mailing Office Address

793 WILLOW BROOK DR

Suite, Apt. #, etc.

#102

City & State

NAPLES FL

Zip

34108

Country

USA

4. State/Country of Formation

FLORIDA - USA

**5. Date Organized or Qualified
To Do Business in Florida**

6. FEI Number

59-3725010

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

ROBERT EDWARDS

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

793 WILLOW BROOK DRIVE

Suite, Apt. #, Etc.

#102

City

NAPLES

State

FL

Zip Code

34108

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

9/2/05

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
MBR	ROBERT EDWARDS	793 WILLOW BROOK DR #102	NAPLES FL 34108

REINSTATEMENT 04-05

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

9/2/05

Daytime Phone #

239-254-2223

Typed or printed name of signing Managing Member/Manager

ROBERT EDWARDS

CR2041 (10/02)