

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000002742

1. Limited Liability Company's Name

GUNTER INTERSTS, LLC

BK

05

2. Principal Office Address - No P.O. Box #

1117 THOMASVILLE RD.

3. Mailing Office Address

P.O. BOX 12099

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TALLAHASSEE, FL

City & State

TALLAHASSEE, FL

Zip
32303

Country
USA

Zip
32317

Country
USA

4. State/Country of Formation

N/A

5. Date Organized or Qualified
To Do Business in Florida

02/05/2002

6. FEI Number

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
JOHN C. LOVETT, ESQ.

Street Address (P.O. Box Number is Not Acceptable)
106 EAST COLLEGE AVENUE

Suite, Apt. #, Etc.
SUITE 1200

City
TALLAHASSEE

State
FL

Zip Code
32301

☒ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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

Date

9/4/07

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
P	WILLIAM D. GUNTER, JR.	1117 THOMASVILLE RD.	TALLAHASSEE, FL 32303
ST	BART GUNTER	1117 THOMASVILLE RD.	TALLAHASSEE, FL 32303

REINSTATEMENT

2005-2007

100109295281
09/11/07--01018--018 **255.00

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

9/4/07

Daytime Phone #

386-1111

Typed or printed name of signing Managing Member/Manager

William D. Gunter, Jr.