

L02000011554

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2003 OCT -3 AM 11:53

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # L02000011554

1. Limited Liability Company's Name

Gordon River Capital, LLC

400023546584
10/03/03--01069--004 **150.00

2. Principal Office Address

1167 Third Street South

Suite, Apt. #, etc.

108

City & State

Naples FL

Zip

34102

Country

USA

3. Mailing Office Address

1167 Third Street South

Suite, Apt. #, etc.

108

City & State

Naples FL

Zip

34102

Country

USA

4. State/Country of Formation

FL USA

5. Date Organized or Qualified:

To Do Business in Florida

5/13/02

6. FEI Number

27-0012568

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

Richard Molloy

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

1167 Third Street South

Suite, Apt. #, Etc.

108

City

Naples

State

FL

Zip Code

34102

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]

Date 9/30/03

REGISTERED AGENT MUST SIGN

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
Mrs.	Richard Molloy	1167 Third Street South, #108	Naples FL 34102
Mrs.	Daniel Keller	1167 Third Street South, #108	Naples, FL 34102

REINSTATEMENT

2003

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 9/30/03

Daytime Phone # 239 659 0288

Typed or printed name of signing Managing Member/Manager

Richard Molloy

CR2E041 (10/02)