

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 DEC -7 AM 8:13

DOCUMENT # L 0200 0015 396

1. Limited Liability Company's Name

The Gathany Group, LLC

2. Principal Office Address

3435 SW 6st

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33135

Country

USA

3. Mailing Office Address

3435 SW 6st

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33135

Country

USA

CR2E041 (8/05)

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified
To Do Business in Florida

6-19-2002

6. FEI Number

331013838

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

Barbara Maria Prats

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

1112 NW 3rd Ave

Suite, Apt. #, Etc.

City

Miami

State
FL

Zip Code

33125

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

Barbara Maria Prats

REGISTERED AGENT MUST SIGN

Date 11-29-06

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	Barbara Maria Prats	1112 NW 33rd Ave	Miami, FL 33125

100082333961
12/07/06--01004--017 **200.00

REINSTATEMENT 05-06

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

Barbara Maria Prats

Date 11-29-06

Daytime Phone # 1

Typed or printed name of signing Managing Member/Manager