

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2004 NOV 15 PM 12:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT #

1. Limited Liability Company's Name

GALLANT Enterprises, L.L.C.

LO2 000016291

2. Principal Office Address

16680 McGregor Blvd

Suite, Apt. #, etc.

3. Mailing Office Address

1467 Albatross Rd.

Suite, Apt. #, etc.

City & State

FT. MYERS, FL

City & State

SANIBEL, FL

Zip

33908

Country

U.S.

Zip

33957

Country

U.S.

4. State/Country of Formation

Florida / U.S.

5. Date Organized or Qualified  
To Do Business in Florida

7-1-02

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 K. GALLANT

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

1467 Albatross Rd.

Suite, Apt. #, Etc.

City

SANIBEL

State

FL

Zip Code

33957

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

*John K. Gallant*

Date 11/1/04

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
PRES.	JOHN K. GALLANT	1467 Albatross Rd.	SANIBEL / FL / 33957

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

*John K. Gallant*

Date 11/1/04

Daytime Phone # 239-292-9070

Typed or printed name of signing Managing Member/Manager

JOHN K. GALLANT