

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 13 AM 10:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100024641121
11/13/03--01051--036 **\$155.00

DOCUMENT #

1. Limited Liability Company's Name
Gold RE Holdings-III, LLC

2. Principal Office Address

4502 Cortez Road West

Suite, Apt. #, etc.

City & State

Bradenton, FL

Zip

34210

Country

USA

3. Mailing Office Address

4502 Cortez Road West

Suite, Apt. #, etc.

City & State

Bradenton, FL

Zip

34210

Country

USA

4. State/Country of Formation

Florida

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

07/10/02

6. FEI Number

26-0055655

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

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

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

Laura D. Mudson

Date

11-6-2003

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
MGR	Malcolm M. Aslin	4502 Cortez Road West	Bradenton, FL 34210
MGR	Rick Tremblay	4502 Cortez Road West	Bradenton, FL 34210
MGR	Jerry Neff	4502 Cortez Road West	Bradenton, FL 34210
MGR	John Nash	4502 Cortez Road West	Bradenton, FL 34210
MGR	Dave Froelich	4502 Cortez Road West	Bradenton, FL 34210
MGR		REINSTATEMENT 03	

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

Dave Froelich

Date

11/7/2003

Daytime Phone # **941-761-2134**

Typed or printed name of signing Managing Member/Manager

Dave Froelich, Manager

CR2E041 (10/02)