

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 27 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000029642

1. Limited Liability Company's Name

TORI GATE HOLDINGS, L.L.C.

200024616202
11/13/03--01002--011 **150.00

2. Principal Office Address

1348 Harbor Drive

Suite, Apt. #, etc.

3. Mailing Office Address

1348 Harbor Drive

Suite, Apt. #, etc.

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

11/06/2002

6. FEI Number

51-0434722

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

City & State

Sarasota FL

Zip

34239

Country

City & State

Sarasota, FL

Zip

34239

Country

8. Name and Address of Current Registered Agent

Name

Doerr, Kenneth D.

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

240 S. Pineapple Ave.

Suite, Apt. #, Etc.

10th Floor

City

Sarasota

State

FL

Zip Code

34236

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

Kenneth D. Doerr
REGISTERED AGENT MUST SIGN

Date

10/21/03

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.	Clack, Vivian	1348 Harbor Drive	Sarasota, FL 34239

REINSTATEMENT

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dec

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

Vivian Clack

Date

10/23/03

Daytime Phone # 941-365-3477

Typed or printed name of signing Managing Member/Manager Vivian Clack, Manager