

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 AUG -1 AM 8:40

DOCUMENT # L03000012683

1. Limited Liability Company's Name

Gargyle Properties LLC.

2. Principal Office Address

4626 W. SUNSET BLVD

Suite, Apt. #, etc.

3. Mailing Office Address

4532 W. KENNEDY BLVD

Suite, Apt. #, etc.

PBN # 329

City & State

TAMPA FL

City & State

TAMPA FL

Zip

33629

Country

Hills

Zip

33609

Country

Hills

4. State/Country of Formation

FLORIDA / Hillsborough

5. Date Organized or Qualified
To Do Business in Florida

4-9-2003

6. FEI Number

NA

Applied For

☒ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

CR2E041 (8/05)

8. Name and Address of Current Registered Agent

Name

MEUSSA D. Smith

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

4626 W. SUNSET BLVD

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33629

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]
REGISTERED AGENT MUST SIGN

Date

7/28/06

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
<u>V.P</u>	<u>Fred D. WEGESCHENDE</u>	<u>4626 W. SUNSET BLVD</u>	<u>TAMPA, FL 33629</u>

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REINSTATEMENT

04-06

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

Fred D. Wegeschen 7/28/06

Daytime Phone #

813 805 9667

Typed or printed name of signing Managing Member/Manager

FRED DOUG WEGESCHENDE