

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

APRIL 28, 2005 8:00 am

Secretary of State

02-23-2005 90159 002 *****50.00

09-29-04 90012 006 50.00

DOCUMENT # L03000042765	
1. Entity Name GYPSY NATIONS, LLC	



Principal Place of Business 540 BROCKELL KEY DR, STE G1 MIAMI, FL 33131	Mailing Address 540 BROCKELL KEY DR, STE G1 MIAMI, FL 33131
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01072005 REIN-LLC CR2E101 (6/04)

4. FEI Number 20-03829116	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent POLLACK, DAVID H 540 BRICKELL KEY DR., STE. C-1 MIAMI, FL 33131	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$200.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR TLC MANAGEMENT SERVICES, LLC 201 S ICKELL KEY DR., STE. 1500 (LAD) MIAMI, FL 33131 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition

REINSTATEMENT 2004-2005
w/o penalty fees

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *David H. Pollack* 15 MAR 05