

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

17 MAY 23 PM 12:19

DOCUMENT # L04000014602

1. Limited Liability Company's Name

Gatepost Properties LLC

CR2E041 (12/13)

2. Principal Office Address - No P.O. Box #

8064 Red Eagle Dr

Suite, Apt. #, etc.

City & State

Tallahassee FL

Zip

32312

Country

Leon

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Same

Zip

Country

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

2/24/2004

6. FEI Number

200770653

☐ 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
Grizel Ipek (Grizel T Marrero)

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

8064 Red Eagle Dr.

Suite, Apt. #, Etc.

City

Tallahassee FL

State

FL

Zip Code

32312

E-mail Address:

900299593519
05/23/17--01024--012 **377.50

(To be used for future annual report notices)

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of

Registered Agent

Grizel T Marrero

REGISTERED AGENT MUST SIGN

Date 5/23/17

10. Names and Addresses of Each Person Authorized to manage the Limited Liability Company

Titles AMBR/MGR	Name of Authorized Person	Street Address of Each Authorized Person	City / State / Zip
MGR	Grizel T Marrero	8064 Red Eagle Dr	Tallahassee FL 32312
MGR	IPEK, Meryem	8064 Red Eagle Dr	Tallahassee FL 32312
MGR	IPEK, Ziam	8064 Red Eagle Dr	Tallahassee FL 32312
MGR	IPEK, IZIRA K	8064 Red Eagle Dr	Tallahassee FL 32312
MGR	IPEK, Camille L	8064 Red Eagle Dr	Tallahassee FL 32312

11. I certify that I am an authorized person empowered to execute this application as provided for in Chapter 605, 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 Chapter 605, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in § 817.155, F.S.

Signature of

Authorized Person

Grizel T Marrero

Date 5/23/17

Daytime Phone

(850) 345-5986

Typed or printed name of signing Authorized Person

MAY 23 2017