

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2007 APR -5 AM 10:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E041 (1/07)

**DOCUMENT #** L04000021514

**1. Limited Liability Company's Name** GAMMA CONSULTANT LLC

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

9471 SWISS Rd

Suite, Apt. #, etc.

**3. Mailing Office Address**

9471 SWISS Rd

Suite, Apt. #, etc.

**City & State**

SPRINGHILL FL

Zip

34606

Country

US

**City & State**

SPRINGHILL FL

Zip

34606

Country

US

**4. State/Country of Formation**

FL/USA

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

3/20/2004

**6. FEI Number**

72-1580770

**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**

SHAWN DESROCHERS

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

9471 SWISS Rd

Suite, Apt. #, Etc.

**City**

SPRINGHILL

**State**

FL

**Zip Code**

34606

☒ A \$100 reinstatement fee is imposed, except  
in circumstances which the entity did not  
receive the prior notices. By checking this  
box, you are certifying the prior notices were  
not received and requesting the \$100  
reinstatement be waived.

**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**

*Shawn Desrochers*

REGISTERED AGENT MUST SIGN

**Date** 3-6-07

**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	SHAWN DESROCHERS	9471 SWISS Rd	SPRINGHILL FL 34606

04/11/07--01027--024 \*\*155.00

**REINSTATEMENT 05-07**

**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**

*Shawn Desrochers*

**Date** 3-6-07

**Daytime Phone #** 352-428-9975

**Typed or printed name of signing Managing Member/Manager**

SHAWN DESROCHERS MGR

03/06/2007

Dear Division Of Corporation,

The intent of this letter is to inform you that I have not received a notice. And as per our phone conversation I have enclosed a check in the amount of \$150.00 for reinstatement. If you have any question feel free to contact me a 352-428-9975. Thank you for your time and help in clearing up this situation.

Yours Truly,

A handwritten signature in black ink, appearing to read "Shawn Desrochers", followed by a long horizontal line extending to the right.

Shawn G. Desrochers