

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # L04000059112**

1. Limited Liability Company's Name

Foresite C & G, LLC

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

950 Galleon Drive

Suite, Apt. #, etc.

City & State

Naples, FL

Zip

34102

Country

USA

3. Mailing Office Address

950 Galleon Drive

Suite, Apt. #, etc.

City & State

Naples, FL

Zip

34102

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified

To Do Business in Florida 08/09/2004

6. FEI Number

280728957

☒ 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

Gregory J. Gibson

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

780 Fifth Ave S.

Suite, Apt. #, Etc.

City

Naples, FL

State

FL

Zip Code

34102-6632

☒ 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

REGISTERED AGENT MUST SIGN

Date

**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	Gregory J. Gibson	780 Fifth Ave S. #203	Naples, FL 34102-6632
MGR	Patricia C. Potts	950 Galleon Drive	Naples, FL 34102

REINSTATEMENT 06-08

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

Date

12/19/08

Daytime Phone #

(239)-261-6919

Typed or printed name of signing Managing Member/Manager Gregory J. Gibson/Patricia C. Potts