

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 NOV 24 AM 10: 05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # LOS000035325

1. Limited Liability Company's Name

Gatorbait Development Group, L.L.C.

100163095011
11/24/09--01046--019 **516.25
CR2E041 (11/09)

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

2274 S.R. 580

Suite, Apt. #, etc.

Suite B

City & State

Clearwater, FL

Zip

33763

Country

USA

3. Mailing Office Address

2274 S.R. 580

Suite, Apt. #, etc.

Suite B

City & State

Clearwater, FL

Zip

33763

Country

USA

4. State/Country of Formation

Florida / USA

5. Date Organized or Qualified
To Do Business in Florida

4/11/05

6. FEI Number

☒ Applied For
☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

☐ 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.

8. Name and Address of Current Registered Agent

Name

Joel S. Treuhaft, Esq.

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

2274 S.R. 580

Suite, Apt. #, Etc.

Suite C

City

Clearwater

State

FL

Zip Code

33763

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

X

[Signature]

Date

11-20-09

REGISTERED AGENT MUST SIGN

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 |
|--------|---------------------------------------|--|----------------------|
| MEM | IKWIK, INC. | 2274 S.R. 580 | Clearwater, FL 33763 |
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REINSTATEMENT

07-09

11. E-mail Address: lcrtech@gatorbait.com

(To be used for future annual report notifications)

12. 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

IKWIK, INC.

Date

11/20/09

Daytime Phone #

727-415-2434

Typed or printed name of signing Managing Member/Manager

Stephen Bennett, President