PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2018 APR 24 PM 3:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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03/30/18--01014--005 **957.50

DOCUMENT # L05000091773

1. Limited Liability Company's Name
GAP Investments, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
c/o Keith Poliakoff	c/o Keith Poliakoff
Suite, Apt. #, etc 200 E. Las Olas Blvd., #1000	Suite, Apt. #, etc 200 E. Las Olas Blvd., #1000
City & State Ft. Lauderdale, FL	City & State Ft. Lauderdale, FL
Zip / Country 33301 / USA	Zip / Country 33301 / USA

4. State/Country of Formation
Florida, USA

5. Date Organized or Qualified To Do Business in Florida
09/09/2005

6. FEI Number
20-3668075
☐ 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
Keith Poliakoff, c/o Saul Ewing Arnstein & Lehr, LLP

Street Address (P.O. Box Number is Not Acceptable) Suite,
200 East Las Olas Boulevard

Apt. #, Etc
Suite 1000

City: Ft. Lauderdale
State: FL
Zip Code: 33301

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 _____ Date 03-27-2018

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	Keith Poliakoff	200 E. Las Olas Blvd., #1000	Ft. Lauderdale, FL 33301

11. E-mail Address keith.poliakoff@saul.com
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee 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 requirement of section 605.0012, 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 s. 817.155, F.S.

Signature of authorized representative/member _____ Date 03-27-2018 Daytime Phone # 954-713-7644

Typed or printed name of signing authorized representative/member Keith Poliakoff