

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 CORPORATION
06 APR -3 PM 1:54

DOCUMENT # L06-0000000 62

1. Limited Liability Company's Name

GALLERY SQUARE SOUTH LLC

CR2E041 (12/07)

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

1101 SEAFARER CR

Suite, Apt. #, etc.

506

City & State

JUPITER, FL

Zip

33477

Country

3. Mailing Office Address

1101 SEAFARER CIRCLE

Suite, Apt. #, etc.

506

City & State

JUPITER, FL

Zip

33477

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

12/30/2005

6. FEI Number

133624803

Applied For

☒ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for Certificate of Status

8. Name and Address of Current Registered Agent

Name ROSALIE CONSIGLIO

Street Address (P.O. Box Number is Not Acceptable)
1101 SEAFARER CIRCLE

Suite, Apt. #, Etc.

506

City JUPITER

State

FL

Zip Code

33477

☒ 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

Rosalie Consiglio

REGISTERED AGENT MUST SIGN

Date 3/31/08

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
<u>owner</u>	<u>ROSALIE CONSIGLIO</u>	<u>1101 Seafarer Circle</u>	<u>Jupiter - FL 33477</u>

REINSTATEMENT 01-08

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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

Rosalie Consiglio

Date 3/31/08

Daytime Phone # 5614141364

Typed or printed name of signing Managing Member/Manager