

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L06000065709

1. Limited Liability Company's Name

GC Partners, LLC

08 JAN -4 PM 1:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (12/07)

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

4736-B Hwy 17 By Pass South

Suite, Apt. #, etc.

3. Mailing Office Address - same

Suite, Apt. #, etc.

City & State

Myrtle Beach, SC

City & State

Zip

29588

Country

Horry

Zip

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

June 2006

6. FEI Number

20-5337393

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

Thomas M. Clark

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

2400 East Commercial Blvd.

Suite, Apt. #, Etc.

Suite 820

City

Ft. Lauderdale

State

FL

Zip Code

33308

☐ 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

[Signature]

REGISTERED AGENT MUST SIGN

Date 1-3-08

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
MEM	Carey E. Graham	4736-B Hwy 17 By Pass South	Myrtle Beach, SC 29588
MEM	Roger Cleveland	same	same
		12/06/07-01031-008- \$155.00	
	REINSTATEMENT	07	
		GA 1/4	

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

[Signature]

Date 1/2/08

Daytime Phone #

704-904-5460

Typed or printed name of signing Managing Member/Manager

Roger Cleveland