

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L06000109382

1 Limited Liability Company's Name

G & C PROPERTIES LLC

800392237658  
08/05/22--01010--028 \*\*1348.75

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

519 SW 21ST AVE

3. Mailing Office Address

519 SW 21ST AVE

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

GAINESVILLE, FL

City & State

GAINESVILLE, FL

Zip

32601

Country

USA

Zip

32601

Country

USA

8. Name and Address of Current Registered Agent

Name

MICHAEL GASKIN

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

519 SW 21ST AVE

Apt. #, Etc

City

GAINESVILLE

State

FL

Zip Code

32601

CR2E041 (1/14)

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified To Do Business in Florida

11/13/2006

6. FEI Number

20-5878574

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required for a certificate of status

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

Michael Gaskin  
REGISTERED AGENT MUST SIGN

Date

5/18/2022

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	MICHAEL GASKIN	519 SW 21ST AVE	GAINESVILLE, FL 32601
		REINSTATEMENT	
		2020-2022	
		of 5/1/2022	

11. E-mail Address

mgaskin99@gmail.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

Michael Gaskin

Date

5/18/2022

Daytime Phone #

(813) 723-1077

Typed or printed name of signing authorized representative/member

Michael Gaskin