

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 MAY 11 PM 4:54

**LIMITED LIABILITY COMPANY REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # LD8000074973**

1. Limited Liability Company's Name  
**GATOR WICH, LLC**

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200180728902  
05/11/10--01023--015 \*\*377.50  
CR2E041 (11/08)

2. Principal Office Address - No P.O. Box #  
**3900 CHENEY DRIVE, SUITE 101**

3. Mailing Office Address  
**3900 CHENEY DRIVE, SUITE 101**

4. State/Country of Formation  
**FLORIDA**

5. Date Organized or Qualified To Do Business in Florida  
**8/5/2008**

6. FEI Number  
**26-3381473**

7. CERTIFICATE OF STATUS DESIRED

8. Name and Address of Current Registered Agent

Name **CROSS STREET SERVICES, LLC**  
*CORPORATE*

Street Address (P.O. Box Number is Not Acceptable)  
**200 S. ORANGE AVENUE**

City **SARASOTA** State **FL** Zip Code **34236**

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 606, F.S.

Signature of Registered Agent *[Signature]* Date **5/10/10**

**REGISTERED AGENT MUST SIGN**

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	BRIAN SCOTT SMITH	3900 CHENEY DRIVE, SUITE 101	ARLINGTON, TX 76018
MGR	JILL MICHELLE SMITH	3900 CHENEY DRIVE, SUITE 101	ARLINGTON, TX 76018

REINSTATEMENT. 2009-2010

11. E-mail Address: **lybn1@aol.com**

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 606, 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 606.406, 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 **5/4/10** Daytime Phone # **972-343-8909**

Typed or printed name of signing Managing Member/Manager