


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>		<b>FILED</b> 11 MAR -1 PM 12:05 SECRETARY OF STATE TALLAHASSEE, FLORIDA  000190838980 01/10/11--01061--005 **238.75  CR2E041 (05/10) 10-11	
<b>DOCUMENT #</b> L09000062494					
1. Limited Liability Company's Name <b>CLUB Gossip LLC</b>					
2. Principal Office Address - No P.O. Box # <b>1052 Harlem Academy</b> Suite, Apt. #, etc.		3. Mailing Office Address <b>P.O. Box 2031</b> Suite, Apt. #, etc.		4. State/Country of Formation <b>Florida U.S.</b>	
City & State <b>Clewiston Fla</b> Zip <b>33440</b> Country		City & State <b>Clewiston Fla</b> Zip <b>33440</b> Country		5. Date Organized or Qualified To Do Business in Florida ?	
6. FEI Number <b>27-043673</b>				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent Name <b>Maxine Hunter</b> Street Address (P.O. Box Number is Not Acceptable) <b>709 Mississipp Ave</b> Suite, Apt. #, Etc. City <b>Clewiston</b> State <b>FL</b> Zip Code <b>33440</b>				000190838980 02/25/11--01050--001 **138.75 02/25/11--01050--001 **138.75	
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 <b>Maxine Hunter</b> Date <b>1-6-11</b> REGISTERED AGENT MUST SIGN					
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		
<b>MEMBER</b>	<b>Maxine Hunter</b>	<b>1052 Harlem Academy</b>	<b>Clewiston, Fla 33440</b>		
11. E-mail Address: _____ (To be used for future annual report notifications)					
12. 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 <b>Maxine Hunter</b> Date <b>1-6-11</b> Daytime Phone # <b>863-599-1232</b> Typed or printed name of signing Managing Member/Manager <b>Maxine Hunter</b>					



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 12, 2011

CLUB GOSSIP LLC  
POST OFFICE BOX 2031  
CLEWISTON, FL 33440

SUBJECT: CLUB GOSSIP LLC  
Ref. Number: L09000062494

We have received your document for CLUB GOSSIP LLC and your check(s) totaling \$238.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The total amount due is \$377.50.

There is a balance due of \$138.75.

You must insert the letters " MGRM" in the block above the name and address of each managing member and/or the letters "MGR" in the block above the name and address of each manager listed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6028.

Barbara Bostick  
Regulatory Specialist II

Letter Number: 711A00001137