

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

16 FEB 23 AM 9:01

SECRETARY OF STATE  
TALLahassee, FLORIDA

DOCUMENT # L10000002226

1. Limited Liability Company's Name  
GBT PROPERTIES, LLC

2. Principal Office Address - No P.O. Box #  
9960 Via San Marco Loop

3. Mailing Office Address  
9960 Via San Marco Loop

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Fort Myers, FL

City & State  
Fort Myers, FL

Zip Country  
33905 United States

Zip Country  
33905 United States

CR2E041 (1/14)

4. State/Country of Formation  
FLORIDA/UNITED STATES

5. Date Organized or Qualified  
To Do Business in Florida 01/06/2010

6. FEI Number  
27-1657090

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  
SCOTT HUTCHINSON

Street Address (P.O. Box Number is Not Acceptable) Suite  
9960 VIA SAN MARCO LOOP

Apt. #, Etc.

City  
FORT MYERS

State Zip Code  
FL 33905

300282533073  
02/23/16--01031--027 \*\*238.75

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

REGISTERED AGENT MUST SIGN

Date 02/18/2016

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	GUSTAVO B. TAVERNE	9960 VIA SAN MARCO LOOP	FORT MYERS, FL 33905

11. E-mail Address: scotthutchinson1@yahoo.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 Date 02/18/2016 Daytime Phone # 239-980-5188

Typed or printed name of signing authorized representative/member SCOTT HUTCHINSON