Aug. 15. 2013 10:48AM No. 1

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
13 AUG 15 PM 12:59

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

H13000181640 3

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #L11000137956

1. Limited Liability Company's Name
The Gayfeather Co., LLC

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
3111 Cardinal Drive	3111 Cardinal Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Vero Beach FL	City & State: Vero Beach FL
Zip: 32963 Country: United States	Zip: 32963 Country: United States

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business In Florida: December 7, 2011

6. FEI Number: [ ] Applied For [x] 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: Michael O'Haire, Esq.
Street Address (P.O. Box Number is Not Acceptable): 3111 Cardinal Drive
Suite, Apt. #, Etc.:
City: Vero Beach State: FL Zip Code: 32963

E-mail Address: moh@ogc-law.com
(To be used for future annual report notices)

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 _____ Date 8/13/13
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Member/ Manager	Street Address of Each Managing Member/ Manager	City / State / Zip
MGRM	Stephane Cote	1736 Ocean Drive	Vero Beach, FL 32963
	REINSTATEMENT		S. HAWKES
	2012-13		AUG 15 2013
			EXAMINER

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; 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 Managing Member/Manager _____ Date 8/15/2013 Daytime Phone # 772-925-9930

Typed or printed name of signing Managing Member/Manager: Stephane Cote

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H13000181640 3)))

H13000181640 3ASCY

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : O'HAIRE, QUINN, CANDLER, & CASALINE CHARTERED
Account Number : 073077002560
Phone : (772)231-6900
Fax Number : (772)231-9729

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LIMITED LIABILITY REINSTATEMENT
THE GAYFEATHER CO., LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$377.50

RECEIVED
13 AUG 15 AM 10:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu Corporate Filing Menu Help