THIS FORM

LIMITED EIABILITY COMPANY REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # L12000103 1. Limited Liability Company's Name	3256
THE GERALD A WILLIAMS E	SQ LEGACY FOUNDATION CHARITY
	3. Mailing Office Address
OPEN, LLC 2. Principal Office Address - No P.O. Box #	3. Mailing Office Address

Signature of authorized representative/member

Typed or printed name of signing authorized representative/member

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COLUMBO DE STATE

2. Principa	office Address - No P.O. Box#	3. Mailing Office Address		CR2E041 (1/14)			
9445 BRISTOL RIDGE COURT		P.O.BOX 18342		4. State/Country of Formation FLORIDA/ UNITED STATES			
Suite, Apt. #, etc.		Suite Apt. #, atc.					
-				174 °	5. Date Orga	nized or Qualified 8/10/2012	Contract Con
City & State	· · · · · · · · · · · · · · · · · · ·	City & State		_ 		<u> </u>	
WEST PALM BEACH, FL		WEST PALM BEACH, FL		6. FEI Number * 46-0761014		Applied For	
Zip	Country	Zip		Country			Not Applicable
33411	UNITED STATES	33416		UNITED STATES	CERTIFICATE C	F STATUS DESIRED 55.00 Addition to certif	tional Fee required icate of status
*	8. Name and Address	of Current Regis	stered Agent				
Name		· · · · · · · · · · · · · · · · · · ·	·				
	YN L. WILLIAMS						
	ress (P.O. Box Number is Not Acceptable) Suite RISTOL RIDGE COURT	1,					
Apt, #, E					800271258658 03/31/15-01026-025 **382.50		
		_					
City WEST P.	ALM BEACH		Sta	ite Zip Code 2 33411			
9. l. beir	ng appointed the registered agent of the abo	ve named (imited li	iability compa	nv. am familiar with and acc	ent the obligation	a of Chapter 605, F.S.	
Signature Registered	of ·					Date	
		REGISTERED AGENT	T MUST SIGN				
10 Name	s and Street Addresses of Authorized Repres	entatives/Managen	5			·	
Titles	Name of Authorized Representatives/			Street Address of Each Authorized Representativ Manager	·····	City / State /	/ Zip
MGRM	THE GERALD A WILLIAMS	LEGACY F	7 F 9445 BRISTOL RIDGE		COURT	WEST PALM BEAG	CH, FL 33411
	REINSTAT	Tan ar	A Yerr			S. HAWKES	
		CIVIC	IN I			JUL - 6 A.M.	
	301	4	$\mathcal{J}\mathcal{O}$	5		EXAMINER	
11, E- mail	Address: CLWPBCFL@MSN.C		(To be used for	future annual report notification	ns)		
certify that 605.0012, shall have	y that I am an authorized representative/ n t when filing this reinstatement application , F.S., and that all fees owed by the limited the same legal effect as if made under or provided for in s. 817.155, F.S.	nanager or the rec the reason for dis- liability.company	ceiver or trust isolution has have been po at false linjorn	ee empowered to execute been eliminated, the limite aid the information indica	this application of the companies of the	ny name satisfies the requirement cation is true and accurate, and m	t of section