

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 15 PM 1:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L13000089066

1. Limited Liability Company's Name

Gullivan Capital, LLC

2. Principal Office Address - No P.O. Box #

3368 Atlantic Circle

Suite, Apt. #, etc.

City & State

Naples, FL

Zip

34119

Country

USA

3. Mailing Office Address

N/A

Suite, Apt. #, etc.

City & State

Zip

Country

CR2E041 (1/14)

4. State/Country of Formation

Florida/USA

5. Date Organized or Qualified

To Do Business in Florida 6/20/13

6. FEI Number

N/A

☒ 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

Gary Brecka

Street Address (P.O. Box Number is Not Acceptable) Suite,

3368 Atlantic Circle

Apt. #, Etc.

City

Naples

State

FL

Zip Code

34119

100282151001
02/15/16 - 01003 - 013
\$82.50

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

Date 2/12/16

REGISTERED AGENT MUST SIGN

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	Gary Brecka	3368 Atlantic Circle	Naples FL 34119

REINSTATEMENT

FEB 15 2016

R. HUNT

11. E-mail Address gary.brecka@naplescapitalpartners.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 2/12/16

Daytime Phone # 3059781480

Typed or printed name of signing authorized representative/member Gary Brecka