

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2017 APR -6 PM 12 52

RECEIVED
DIVISION OF CORPORATIONS

900297662449

DOCUMENT # L15000151594

1. Limited Liability Company's Name
GATENEXT, LLC

2. Principal Office Address - No P.O. Box #
100 SEBASTIAN INDUSTRIAL PLACE

Suite, Apt. #, etc.
#1

City & State
SEBASTIAN, FL

Zip Country
32958 US

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip Country

CR2E041 (1/14)

4. State/Country of Formation
FLORIDA

5. Date Organized or Qualified
To Do Business in Florida 09/10/2015

6. FEI Number 47-5194908
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
SAUTTER, CHRISTIAN C

Street Address (P.O. Box Number is Not Acceptable) Suite,
2850 NORTH ANDREWS AVENUE

Apt. #, Etc.

City State Zip Code
WILTON MANORS FL 33311

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

Christian C. Sautter
REGISTERED AGENT MUST SIGN

Date 04/05/2017

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	GATE CFV SOLUTIONS, INC.	100 SEBASTIAN INDUSTRIAL PLACE	SEBASTIAN, FL 32958

REINSTATEMENT

APR 06 2017

R. HUNT

11. E-mail Address: csautter@seisau.net

(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 *Christian C. Sautter* Date 04/05/2017 Daytime Phone # 954-568-7000

Typed or printed name of signing authorized representative/member CHRISTIAN C SAUTTER, AUTHORIZED REPRESENTATIVE

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 584639 98373A
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 377.50

ORDER DATE : April 4, 2017
ORDER TIME : 9:49 AM
ORDER NO. : 584639-005
CUSTOMER NO: 98373A

DOMESTIC FILINGS

NAME: GATENEXT, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender - Ext#

EXAMINER'S INITIALS R. HUNT

RECEIVED
2017 APR -6 AM 11:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
APR 06