

05/31/2001

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RENNO L. PETERSON

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FROM : SUSAN

LIMITED LIABILITY
COMPANY
REINSTATEMENT

Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

01 JUN -1 AM 10:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L98000001282

1. Limited Liability Company's Name

GSP Consolidated LLC

2. Principal Office Address

8 Angelfish Cay

Suite, Apt. #, etc.

3. Mailing Office Address

63 Bayview Rd.

Suite, Apt. #, etc.

City & State

Key Largo, FL

City & State

Dover NH

Zip

33037

Country

Zip

03820

Country

4. State/Country of Formation

Monroe, FL

5. Date Organized or Qualified To Do Business in Florida

7-24-98

6. FEI Number

65-0864556

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee for
Certificate of Status

8. Name and Address of Current Registered Agent

Name

Renno L. Peterson, Esq.

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

2 N. Tamiami Trail Suite 606

Suite, Apt. #, Etc.

City

Sarasota

State

FL

Zip Code

34236

9. I, being appointed the registered agent of the state named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

Renno L. Peterson

Date 5/30/01

REGISTERED AGENT MUST SIGN

10. Name and Street Address of Managing Members/Managers

Titles	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Susan Norman	63 Bayview Rd.	Dover, NH 03820
MGR	Peter Norman	56 Palmer St.	Arlington, MA 02474

REINSTATEMENT

2000 + 2001

100004375601

-06/07/01 - 01062

***250.00 ***

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.

Signature of
Managing Member/Manager

Susan Norman

Date 5/29/01

Daytime Phone# 603.749.3331

Typed or printed name of signing Managing Member/Manager: Susan Norman

MJM