

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM
M01000001480

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 APR -9 PM 3:01

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # M01000001480

1. Limited Liability Company's Name
GFS/NHP CARLISLE, LLC

2. Principal Office Address
2801 Alaskan Way

Suite, Apt. #, etc.
Suite 200

City & State
Seattle, WA

Zip
98121

Country
USA

3. Mailing Office Address
2801 Alaskan Way

Suite, Apt. #, etc.
Suite 200

City & State
Seattle, WA

Zip
98121

Country
USA

4. State/Country of Formation
Arizona

5. Date Organized or Qualified
To Do Business in Florida 07/03/2001

6. FEI Number 86-1034133

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
Edward E. Haddock, Jr.

100015561081
04/09/03--01068--007 **200.00

Street Address (P.O. Box Number is Not Acceptable)
3260 University Boulevard

Suite, Apt. #, Etc.
Suite 210

City
Winter Park

State
FL

Zip Code
32792

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

Edward E. Haddock, Jr.

REGISTERED AGENT MUST SIGN

Date 4.7.03

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	GFS Jacksonville LLC	2801 Alaskan Way, Suite 200	Seattle, WA 98121

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

John A. Goodman

Date 4/3/03 Daytime Phone # (206) 215-9700

Typed or printed name of signing Managing Member/Manager GFS Jacksonville LLC, Manager, by John A. Goodman, Manager

CR2E041 (10/02)