

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2011 OCT 18 AM 10:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M06000004452**

1. Limited Liability Company's Name

GULFSTREAM II, LLC

CR2E041 (1/11)

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

901 MAIN AVENUE

Suite, Apt. #, etc.

3. Mailing Office Address

901 MAIN AVENUE

Suite, Apt. #, etc.

City & State

NORWALK, CONNECTICUT

City & State

NORWALK, CONNECTICUT

Zip

06851

Country

USA

Zip

06851

Country

USA

4. State/Country of Formation

DELAWARE

5. Date Organized or Qualified

To Do Business in Florida 8/11/2006

6. FEI Number

20-2042894

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

CT CORPORATION SYSTEM

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

1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, Etc.

City

PLANTATION

State

FL

Zip Code

33324

E-mail Address:

700213386977
10/17/11--01062--007 **238.75

LUCY.RODRIGUEZ@GE.COM

(To be used for future annual report notices)

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

Alec Burger
REGISTERED AGENT MUST SIGN

ALEC BURGER
VICE PRESIDENT

Date

10/4/11

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
<i>mgrm</i>	GULFSTREAM-B-3 HOLDCO, LLC	901 MAIN AVENUE	NORWALK, CT 06851

REINSTATEMENT

2011

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. 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 Managing
Member/Manager

Alec Burger

Date 10-4-11

Daytime Phone #

203-750-7011

Typed or printed name of signing Managing Member/Manager BY: ALEC BURGER, ITS VICE PRESIDENT