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LIMITED LIABILITY REINSTATEMENT
GAELIC FINANCIAL SERVICES, L.L.C.

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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2012 MAY -9 AM 10:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/11)

DOCUMENT # M10000004817

1. Limited Liability Company's Name

GAELIC FINANCIAL SERVICES, L.L.C.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
76 MERRION SQUARE	76 MERRION SQUARE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DUBLIN 2	City & State: DUBLIN 2
Zip: Country: IRELAND OC	Zip: Country: IRELAND OC

4. State/Country of Formation: DELAWARE

5. Date Organized or Qualified To Do Business in Florida: 11/01/2010

6. FEI Number: ☐ Applied For ☒ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

8. Name and Address of Current Registered Agent

Name: C T 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:

conciil@abbeylnstin.ie

(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: [signature] Wendy Perez de Alejo Assistant Secretary Date: 03/30/2012

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/ Managers	Street Address of Each Managing Member/ Manager	City / State / Zip
MGR	JOHN H PROSSER	76 MERRION SQUARE	DUBLIN 2 IRELAND OC

REINSTATEMENT

11-12

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: John H. Prosser Date: 3/30/12 Daytime Phone #: +353 1 664 4090

Typed or printed name of signing Managing Member/Manager: John H. Prosser

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