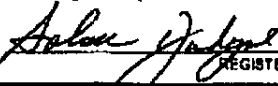
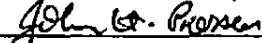


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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE

LIMITED LIABILITY COMPANY REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M10000004817					
1. Limited Liability Company's Name GABLIC FINANCIAL SERVICES, L.L.C.					
2. Principal Office Address - No P.O. Box 76 MERRION SQUARE			3. Mailing Office Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State DUBLIN 2			City & State		
Zip	Country	Zip	Country	4. State/Country of Formation Delaware	
IRELAND OC				5. Date Organized or Qualified To Do Business in Florida 11/01/2010	
6. FEI Number 98-0171588				Applied For ☐ Not Applicable ☐	
7. CERTIFICATE OF STATUS DESIRED ☐				\$5.00 A filer fee required for a Certificate of Status	
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	REINSTATEMENT 2013-2014	
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 		Sohan R. Dindyal Vice President		Date 11-11-14	
10. Names and Street Addresses of Authorized Representatives/Managers					
Title	Name of Authorized Representative/Manager	Street Address of Each Authorized Representative/Manager		City / State / Zip	
MGR	JOHN H. PROSSER	76 MERRION SQUARE		DUBLIN 2, IRELAND OC	
11. E-mail Address: _____ (To be used for biennial 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 requirements 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 to the Department of State constitutes a third degree felony as provided in s. 817.165, F.S.					
Signature of Authorized Representative/Manager 		Date 11/11/2014		Daytime Phone # _____	
Typed or printed name of signing Authorized Representative/Manager JOHN H. PROSSER, General Manager					

NOV 14 2014

M. WILLIAMS

Division of Corporations

Page 1 of 1

**Florida Department of State
Division of Corporations
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**LIMITED LIABILITY REINSTATEMENT
GAELIC FINANCIAL SERVICES, L.L.C.**

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