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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (1/14)

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	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DUBLIN 2	City & State
Zip / Country: IRELAND OC	Zip / Country

4. State/Country of Formation: Delaware

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 Additional 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: [signature] Sohan R. Dindyal Vice President — REGISTERED AGENT MUST SIGN

Date: 11-11-14

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representative/ Managers	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 future annual report notifications)

12. I certify that I am an authorized representative/manager of 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. 817.155, F.S.

Signature of Authorized Representative/Manager: John H. Prosser Date: 11/11/2014 Daytime Phone # _____

Typed or printed name of signing Authorized Representative/Manager: JOHN H. PROSSER, General Manager

FL-10 - 05/23/2014 Wolters Kluwer CCH Inc.

NOV 14 2014

M. WILLIAMS

Florida Department of State

Division of Corporations

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

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