


PLEASE READ SLL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FLORIDA
DIVISION OF CORPORATIONS

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LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M 1200000 1355

1. Limited Liability Company's Name

Good Choice Preservation, LLC

2. Principal Office Address - No P.O. Box # 10002 Princess Palm Ave		3. Mailing Office Address 10002 Princess Palm Ave	
Suite, Apt. #, etc. Suite 212		Suite, Apt. #, etc. Suite 212	
City & State Tampa, FL		City & State Tampa, FL	
Zip 33619	Country Hillsborough	Zip 33619	Country Hillsborough
8. Name and Address of Current Registered Agent			
Name Chris Ewing			
Street Address (P.O. Box Number is Not Acceptable) Suite, 10002 Princess Palm Ave			
Apt. #, Etc. Suite 212			
City Tampa		State FL	Zip Code 33619

4. State/Country of Formation Delaware	
5. Date Organized or Qualified To Do Business in Florida 03/15/2012	
6. FEI Number 32-0372039	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a certificate of status	

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

REGISTERED AGENT MUST SIGN

Date

7/26/18

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
CEO	Chris Ewing	10002 Princess Palm Ave Ste 212	Tampa, FL 33619
VP	Christopher Cruzat	10002 Princess Palm Ave Ste 212	Tampa, FL 33619

REINSTATEMENT

2018

11. E-mail Address: accounting@gcpcfs.com

(To be used for future 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 requirement of s. 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 in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

Date

Daytime Phone # 941-444-6105

Typed or printed name of signing authorized representative/member

Chris Ewing, President & CEO

JUL 27 2018
AG
WILLIAMS