

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM:

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # M98000000468

1. Limited Liability Company's Name

Gulf State Credit, LLC

2. Principal Office Address

2425 Commerce Avenue

Suite, Apt. #, etc.

Bldg 2100, Ste. 100

City & State

Duluth, GA

Zip

30096

Country

USA

3. Mailing Office Address

2520 S. 170th St.

Suite, Apt. # etc.

PO Box 510955

City & State

New Berlin, WI

Zip

53151-0955

Country

USA

4. State/Country of Formation

Delaware

5. Date Organized or Qualified  
To Do Business in Florida

5-8-98

6. FEI Number

36-4332209

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

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

*Christine M. Eastwine*

REGISTERED AGENT MUST SIGN

**Christine M. Eastwine**  
Assistant Secretary

Date

1/28/02

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
MGRM:	OSI Portfolios Services, Inc.	2425 Commerce Avenue Building 2100, Ste. 100	Duluth, GA 30096
			600004853716--5 -02/01/02-01060-021 ****100.00 ****100.00

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 it made under oath.

Signature of  
Managing Member/Manager

*Richard N. Seeling*

Date

1/23/02

Daytime Phone #

(262)780-2000

Typed or printed name of signing Managing Member/Manager

Richard N. Seeling