PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L01000012072

1. Limited Liability Company's Name

Gumula Enterprises, LLC

2. Principal Office Address		**3.** Mailing Office Address	
1214 Hideaway Drive			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Fruit Cove, FL			
Zip	Country	Zip	Country
32259	St. Johns		

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 7/23/2001

6. FEI Number: ☐ 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. Randolph Coleman

Street Address (P.O. Box Number is Not Acceptable): 9250 Baymeadows Road, Suite 450

Suite, Apt. #, Etc.:

City: Jacksonville | State: FL | Zip Code: 32256-1813

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: C. Randolph Coleman — REGISTERED AGENT MUST SIGN

Date: 11/18/2003

CR2E041 (10/02)

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	John B. Gumula	1214 Hideaway Drive	Fruit Cove, FL 32259

100025001331
11/25/03--01005--001 **175.00

REINSTATEMENT

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.

Signature of Managing Member/Manager: John B. Gumula

Date: 11/18/2003 Daytime Phone #: 904-287-4870

Typed or printed name of signing Managing Member/Manager: John B. Gumula