

2007-2009

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA 09 FEB 13 PM 2:22

CR2E041 (10/08)

DOCUMENT # L06000028416

1. Limited Liability Company's Name

Geeks2Go

2. Principal Office Address - No P.O. Box #

1137 Old Fort Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

1137 Old Fort Dr.

Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

Tallahassee, FL

Zip

32301

Country

USA

Zip

32301

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified To Do Business in Florida

3-16-06

6. FEI Number

20-4570508

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required for Certificate of Status

8. Name and Address of Current Registered Agent

Name

Don Plumphrey, JR. (Attorney at Law)

Street Address (P.O. Box Number is Not Acceptable)

553 E. Tennessee St.

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32308

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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

*Don Plumphrey, Jr.*

REGISTERED AGENT MUST SIGN

Date

2/12/09

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Nicholas D. Headley-Perdue	1137 Old Fort Dr.	Tallahassee, FL 32301
MGRM	Austin C. VanRider	6649 County Rd. 150	Wildwood FL, 34785

REINSTATEMENT 07-09

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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

*Nicholas D. Headley-Perdue*

Date

2-12-09

Daytime Phone #

(850) 508-8803

Typed or printed name of signing Managing Member/Manager

Nicholas D. Headley - Perdue