


2013 LIMITED LIABILITY COMPANY REINSTATEMENT

APPROVED
AND
FILED

13 NOV -7 AM 11:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L11000096839	
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1. Entity Name
GENE PAGEL LLC

Principal Place of Business 67 CATAWBA TRL CRAWFORDVILLE, FL 32327 US	Mailing Address 67 CATAWBA TRL CRAWFORDVILLE, FL 32327 US
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11072013 REIN-LLC CR2E101 (12/11)

2. Principal Place of Business - No P.O. Box # 40 Crestwood LN.	3. Mailing Address 40 Crestwood LN.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Crawfordville FL	City & State Crawfordville FL
Zip 32327	Zip 32327
Country	Country

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PAGEL, GENE M
67 CATAWBA TRL
CRAWFORDVILLE, FL 32327

7. Name and Address of New Registered Agent
Name PAgel GENE M.
Street Address (P.O. Box Number is Not Acceptable)
40 Crestwood LN.
City Crawfordville FL Zip Code 32327

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and filer, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$238.75
After January 1, 2014, Fee will be \$377.50

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM PAGEL, GENE M 67 CATAWBA TRL CRAWFORDVILLE, FL 32327 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM PAGEL, GENE M 40 Crestwood LN. Crawfordville FL 32327 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date

E-MAIL ADDRESS

bean69p@yahoo.com

REINSTATEMENT

NOV 7 2013

M. WILLIAMS