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FILED

14 AUG -7 AM 8:09

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT 2013-2014



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L12000063198

1. Limited Liability Company's Name
GEMINI COMMUNICATIONS GROUP LLC

2. Principal Office Address - No P.O. Box # 5212 NW 16 PLACE		3. Mailing Office Address 5212 NW 16 PLACE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State GAINESVILLE, FL		City & State GAINESVILLE, FL	
Zip 32605	Country USA	Zip 32605	Country USA

CR2E041 (1/14)

4. State/Country of Formation
FL

5. Date Organized or Qualified To Do Business in Florida
05/09/2012

6. FEI Number NONE 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
Corporation Service Company

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

Suite, Apt. #, Etc.
1201 Hays Street

City
Tallahassee

State
FL

Zip Code
32301

300263067503

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 Amanda Stone Date 8-6-14

REGISTERED AGENT MUST SIGN

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
MGRM	PETER J GOLDBERG	5212 NW 16 PLACE	GAINESVILLE, FL 32605
MGRM	ADAM GOLDBERG	5212 NW 16 PLACE	GAINESVILLE, FL 32605

11. E-mail Address: COMPLIANCEMAIL@CSCINFO.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 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 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager [Signature] Date _____ Daytime Phone # 407-260-1011

Typed or printed name of signing Authorized Representative/Manager Peter J. Goldberg, Manager



CORPORATION SERVICE COMPANY

282

ACCOUNT NO. : I20000000195

REFERENCE : 247241 7539619

AUTHORIZATION :

COST LIMIT : \$ 377.50

Spud Dever

ORDER DATE : August 6, 2014

ORDER TIME : 4:56 PM

ORDER NO. : 247241-005

CUSTOMER NO: 7539619

DOMESTIC FILINGS

NAME: GEMINI COMMUNICATIONS GROUP
LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Harry B. Davis - Ext# 62926

EXAMINER'S INITIALS _____

TO KNOWLEDGE
SUFFICIENCY OF FILING

2014 AUG -7 AM 10:58

RECEIVED
DEPARTMENT OF STATE
CORPORATION SECTION