PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2010 MAR 18 AM 8:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

# LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

600171737606
03/10/10--01002--015 **937.50

CR2E041 (11/09)

DOCUMENT # M04000001701

1. Limited Liability Company's Name
GENEVA, LLC

| 2. Principal Office Address - No P.O. Box # | 3. Mailing Office Address |
|---|---|
| 8015 PIEDMONT TRIAD Pkwy | P.O. BOX 18825 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: GREENSBORO, NC | City & State: GREENSBORO, NC |
| Zip: 27409 Country: U.S.A. | Zip: 27419 Country: U.S.A. |

4. State/Country of Formation: NORTH CAROLINA

5. Date Organized or Qualified To Do Business in Florida: NOVEMBER 3, 2003

6. FEI Number: 92-1608629 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

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

☐ 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 605, F.S.

Signature of Registered Agent: Dale W. Morris
DALE W. MORRIS
ASSISTANT VICE PRESIDENT
Date: 3-8-10
REGISTERED AGENT MUST SIGN

10. Name and Street Address of Managing Members/Managers

| Title | Name of Managing Members/Managers | Street Address of Each Managing Member/Manager | City/State/Zip |
|---|---|---|---|
| MGR | F. JAMES BECHER, JR. | 8015 PIEDMONT TRIAD Pkwy | GREENSBORO, NC 27409 |
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REINSTATEMENT 05-10

11. E-mail Address: KMANN@NIXONPOWER.COM
(To be used for future annual report notice)

12. I certify that I am managing member/manager or the member or entity empowered to execute this application as provided for in Chapter 605, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name complies the requirements of section 605.0108, F.S., and that all taxes owed by the limited liability company have been paid. The information provided 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: [signature] Date: 3/8/10 Daytime Phone #: 336-275-9936

Typed or printed name of signing Managing Member/Manager