

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 JAN 27 AM 11:35

DOCUMENT #

L02000000 6414

1. Limited Liability Company's Name

GEM Construction, LLC

2. Principal Office Address

SARASOTA
6209 Olive Ave FL 34231

Suite, Apt. #, etc.

3. Mailing Office Address

6209 Olive Ave

Suite, Apt. #, etc.

City & State

SARASOTA FL

City & State

SARASOTA FL

Zip

34231

Country

SARASOTA

Zip

34231

Country

SARASOTA

4. State/Country of Formation

FL, SARASOTA

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

33-099-7384

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

CR2E041 (8/05)

8. Name and Address of Current Registered Agent

Name

Michael S Fesko

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

6209 Olive Ave

Suite, Apt. #, Etc.

SARASOTA FL 34231

City

State

FL

Zip Code

34231

600065076716

02/02/06--01020--018

*\$305.00

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

Michael S Fesko

REGISTERED AGENT MUST SIGN

Date

1-20-06

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
MEM	GIANNA P. Rinaldi	6209 Olive Ave SARASOTA	FL 34231

REINSTATEMENT 03-06

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

Gianna P. Rinaldi

Date

1-20-06

Daytime Phone #

941-650-6002

Typed or printed name of signing Managing Member/Manager