

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 JUL -2 PM 12:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L0000000 7200

1. Limited Liability Company's Name

Geils Ventures LLC

500006227665--9
-07/05/02--01067--007
****205.00 ****205.00

2. Principal Office Address

54 Danbury Rd

Suite, Apt. #, etc.

#318

City & State

Bridgetfield CT

Zip

06877

Country

USA

3. Mailing Office Address

54 Danbury Rd

Suite, Apt. #, etc.

#318

City & State

Bridgetfield CT

Zip

06877

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified

To Do Business in Florida

6/15/2002

6. FEI Number

59-3683402

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

Alexander Minella

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

2500 Silver Star Road

Suite, Apt. #, Etc.

Suite 200

City

Orlando

State

FL

Zip Code

32804

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

[Signature]

Date

6/25/02

REGISTERED AGENT MUST SIGN

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
Member	Alexander -- Minella	54 Danbury Rd #318	Bridgetfield, CT 06877

REINSTATEMENT

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

[Signature]

Date

6/25/02

Daytime Phone #

203-743-6045

Typed or printed name of signing Managing Member/Manager

Alexander Minella

CR2E041 (9/01)