PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

C	ED LIAE OMPAN ISTATEN	Y	Sec	EPARTME cretary of N OF CORPO			FILED	
DOCUMENT # L0000008082							2007 JUN 21 P 3: 53	
GemQuest Consulting, LLC							SECRETARY OF STATE TALLAHASSEE, FLORIDA	
2. Principal Office Address - No P.O. Box # 3. Mailing Office Address						-	CR2E041 (1/07)	
				6 West Colonial Dr.		4. State/Country of Formation Florida		
Suite, Apt. #, etc. Suite, Apt. 155				·			5. Date Organized or Qualified To Do Business in Florida 07/05/2000	
Orlan	ido, FL		Orlando, FL			6. FEI Number 59-3649629 Applied For 7 Not Applicable		
^{Zip} 3281	32818 Country US		^{Zip} 32818	Ü	Intry S	7.	S5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent								
Antonio Fraden Jr. Street Address (P.O. Box Number is Not Acceptable) 5842 Oxford Moor Blvd Suite, Apt. #, Etc.						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		
City Windermere State 34786						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 608, F.S. Signature of Registered Agent Date 6/14/07 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	
MGRM	Antonio Fraden Jr.			5842 Oxford Moor Blvd			Windermere, FL 34786	
					5 96/2		00104889765 6/07 01049 022 ***150.00	
	REINS					TATE	1511 <u>05-07</u>	
							AL	
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								
Typed or printed name of signing Managing Member/Manager /TNIBNIO FRADW JR.								