

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 APR -9 PM 2: 24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L000000008329

1. Limited Liability Company's Name

GOB Enterprises, LLC
11497 Shady Meadow Dr
Jacksonville, Florida 32258

2. Principal Office Address

11497 Shady Meadow Dr.

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32258

Country

USA

3. Mailing Office Address

11497 Shady Meadow Dr.

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32258

Country

USA

4. State/Country of Formation

Florida

**5. Date Organized or Qualified
To Do Business in Florida**

July 14, 2000

6. FEI Number

59-3666277

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

James W. True

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

11497 Shady Meadow Drive

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32258

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

REGISTERED AGENT MUST SIGN

Date April 08, 2002

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
Manager	James W. True	11497 Shady Meadow Dr.	Jacksonville, FL 32258
Manager	Robert L. Herring	19473 Quiet Woods Lane	Glen St. Mary, FL 32040

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

Date 04/08/02 Daytime Phone# 904-777-9420

Typed or printed name of signing Managing Member/Manager

James W. True