

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2004 MAY 24 AM 8:29

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # L00000012488

1. Limited Liability Company's Name

GILLEN ENTERPRISES L.L.C.

2. Principal Office Address

932 HILLCREST DR

Suite, Apt. #, etc.

3. Mailing Office Address

932 HILLCREST DR

Suite, Apt. #, etc.

City & State

DAVENPORT FL

City & State

DAVENPORT FL

Zip

33897

Country

USA

Zip

33897

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

10/11/2000

6. FEI Number

59-3678259

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

Linda GilLEN

000037570510

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

932 HILLCREST DRIVE

06/02/04--01022--004 **300 00

Suite, Apt. #, Etc.

City

DAVENPORT

State

FL

Zip Code

33897

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

L. GilLEN

Date 5-18-04

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	Linda GilLEN	932 HILLCREST DRIVE	DAVENPORT, FL 33897

REINSTATEMENT 2001-04

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

L. GilLEN

Date

5-18-04

Daytime Phone #

863-557-1058

Typed or printed name of signing Managing Member/Manager

Linda GilLEN