


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 <u>932 HILLCREST DR</u> Suite, Apt. #, etc. | | 3. Mailing Office Address <u>932 HILLCREST DR</u> Suite, Apt. #, etc. | |
| City & State <u>DAVENPORT FL</u> | | City & State <u>DAVENPORT FL</u> | |
| Zip <u>33897</u> | Country <u>USA</u> | Zip <u>33897</u> | Country <u>USA</u> |

| | |
|--|---|
| 4. State/Country of Formation <u>Florida</u> | |
| 5. Date Organized or Qualified To Do Business in Florida <u>10/11/2000</u> | |
| 6. FEI Number <u>59-3678259</u> | Applied For <input type="checkbox"/> |
| Not Applicable <input type="checkbox"/> | |
| 7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status | |

8. Name and Address of Current Registered Agent

| | | | |
|--|--------------------|--|--|
| Name <u>LINDA GILLEN</u> | | ID Number <u>000037570510</u> | |
| Street Address (P.O. Box Number is Not Acceptable) <u>932 HILLCREST DRIVE</u> | | Tax ID <u>06/02/04--01022--004 **300 00</u> | |
| Suite, Apt. #, Etc. | | | |
| City <u>DAVENPORT</u> | State <u>FL</u> | Zip Code <u>33897</u> | |

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 |
|---------------|-----------------------------------|--|----------------------------|
| <u>MEMBER</u> | <u>Linda Gillen</u> | <u>932 HILLCREST DRIVE</u> | <u>DAVENPORT, FL 33897</u> |
| | | | |
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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

CR20041 (10/02)