

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

01 DEC 14 PM 2:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L 00000015528

1. Limited Liability Company's Name

ESSEM GEE, LLC

2. Principal Office Address

11117 LILLIAN HWY

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PENSACOLA FL

City & State

Zip

32506

Country

US

Zip

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida

DEC 11, 2000

6. FEI Number

59-3700990

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$3.00 Additional Fee required  
for a Certificate of Status

**8. Name and Address of Current Registered Agent**

Name

JOHN SPERRY

300004735373-2

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

11115 LILLIAN HWY

-12/21/01--01007--080

\*\*\*\*150.00 \*\*\*\*150.00

Suite, Apt. #, Etc.

City

PENSACOLA

State

FL

Zip Code

32506

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

*John Sperry*  
REGISTERED AGENT MUST SIGN

Date DEC 3, 2001

**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

MAN JOHN SPERRY

11115 LILLIAN HWY

PENSACOLA FL

32506

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

*John Sperry*

Date 12-3-01

Daytime Phone # 850-455-4733

Typed or printed name of signing Managing Member/Manager

JOHN SPERRY

CR2E041 (9/01)