

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2004 NOV 17 AM 10:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L00000016270

1. Limited Liability Company's Name

GENERAL AMALGAMATED, LLC

2. Principal Office Address

1511 BADEN POWELL RD.

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

SAME

City & State

HAWTHORNE, FL

City & State

- -

Zip

32640

Country

USA

Zip

Country

4. State/Country of Formation

FLORIDA, USA

5. Date Organized or Qualified  
To Do Business in Florida

1-JAN-00

6. FEI Number

☒ 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

DAVID L. KUNTZ, JR.

100042239461

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

1511 BADEN POWELL RD.

Suite, Apt. #, Etc.

City

HAWTHORNE

State  
FL

Zip Code

32640

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

David L. Kuntz, Jr.  
REGISTERED AGENT MUST SIGN

Date 10/25/04

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
NGA	DAVID L. KUNTZ, JR.	1511 BADEN POWELL RD.	HAWTHORNE, FL 32640

**REINSTATEMENT** 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

David L. Kuntz, Jr.

Date 10/25/04

Daytime Phone # 352-473-8220

Typed or printed name of signing Managing Member/Manager

DAVID L. KUNTZ, JR.

CR2E041 (10/02)