

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jill Smith
Secretary of State
DIVISION OF CORPORATIONS

L01000001702

FILED
OCT 25 PM 12:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000001702

Name and Mailing Address

0010130 01 FP 0.352 **PRSR HT 0 0615 33486-354476



GINA.COM, L.L.C.

876 OLEANDER STREET

BOCA RATON FL 33486-3544

200008563182
10/24/02--01022--001 **150.00



10/4/02

CR2004 (8/02)

2. New Mailing Address

City, State, Zip

Principal Place of Business

876 OLEANDER STREET
BOCA RATON FL 33486

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

01/30/2001

6. FEI Number

65-1070906

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

BENDER, GINA
876 OLEANDER STREET
BOCA RATON FL 33486

9. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

10. 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

Gina R. Bender

Date

10.22.02

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
mgr	Gina R. Bender	876 Oleander St.	Boca Raton, FL 33486
mgr	Garrett M. Bender	876 Oleander St.	Boca Raton, FL 33486

REINSTATEMENT 2002

BN

12. 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

Gina R. Bender

Date

10.22.02

Daytime Phone #

561.338.6038

Typed or printed name of signing Managing Member/Manager

Gina R. Bender