

# LO1000004176

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 25 PM 12:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # LO1000004176

1. Limited Liability Company's Name

GENERILEAN SYSTEMS, LLC

2. Principal Office Address

4600 DIXIE HWY.

3. Mailing Office Address

Suite, Apt. #, etc.

SUITE 11

Suite, Apt. #, etc.

City & State

PALM BAY

City & State

Zip

32905

Country

USA

Zip

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified

To Do Business in Florida 3/15/2001

6. FEI Number

59-3714480

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

KEVIN BRINKWORTH

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

4600 DIXIE HWY.

Suite, Apt. #, Etc.

SUITE 11

City

PALM BAY

State

FL

Zip Code

32905

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

Date 10/21/02

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
MM	BETTY BRINKWORTH	1001 W. OCEAN PL. # 2-205	MARATHON, FL 33050
MM	KEVIN BRINKWORTH	4600 DIXIE HWY. # 11	PALM BAY, FL 32905

REINSTATEMENT 2002

AR-50.00

Reinst 100.00

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

Date

10/21/02

Daytime Phone #

321-728-0830 x102

Typed or printed name of signing Managing Member/Manager

KEVIN BRINKWORTH

CR2EM41 (9/01)