

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

10 MAY 11 PM 12:07

**DOCUMENT #** L01000007994

1. Limited Liability Company's Name

GANYMEAD, LLC

100180408231  
05/05/10--01006--012 \*\*416.25

CR2E041 (11/09)

2. Principal Office Address - No P.O. Box # 6375 WINDMERE ROAD		3. Mailing Office Address 6375 WINDMERE ROAD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State BROOKSVILLE, FL		City & State BROOKSVILLE, FL	
Zip 34602	Country U.S.A.	Zip 34602	Country U.S.A.

4. State/Country of Formation FLORIDA/ U.S.A.	
5. Date Organized or Qualified To Do Business in Florida 05/30/2001	
6. FEI Number 03-0391313	Applied For Not Applicable
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 SPECIALE, ROBERT			
Street Address (P.O. Box Number is Not Acceptable) 6375 WINDMERE ROAD			
Suite, Apt. #, Etc.			
City BROOKSVILLE	State FL	Zip Code 34602	

☒ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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

*Robert Speciale*  
REGISTERED AGENT MUST SIGN

Date May 4, 2010

**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
MGRM	SPECIALE, ROBERT	6375 WINDMERE ROAD	BROOKSVILLE, FL 34602
MGRM	SALMON, CECIL T	6375 WINDMERE ROAD	BROOKSVILLE, FL 34602

**REINSTATEMENT** 2008-10 284

11. E-mail Address: heatherS@dreamtimetours.com

(To be used for future annual report notifications)

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

*Robert Speciale*

Date 05/04/2010

Daytime Phone # 352-799-2668

Typed or printed name of signing Managing Member/Manager ROBERT SPECIALE