

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2004 DEC 28 AM 10:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L01000019087.

1. Limited Liability Company's Name

GOODING, LLC.

2. Principal Office Address

806 NEWTOWN ROAD

Suite, Apt. #, etc.

3. Mailing Office Address

806 NEWTOWN ROAD

Suite, Apt. #, etc.

City & State

VIRGINIA BEACH, VA

City & State

VIRGINIA BEACH, VA

Zip

23462

Country

USA

Zip

23462

Country

USA

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

11/6/2001

6. FEI Number

65-1141585

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

DONALD GOODING, JR.

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

1738 PRIMROSE LANE

Suite, Apt. #, Etc.

City

WELLINGTON

State

FL

Zip Code

33414

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

Donald Gooding, Jr.

REGISTERED AGENT MUST SIGN

Date

12-23-04

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
MGR	RUDOLPH MASTERS, JR.	806 NEWTOWN ROAD	VIRGINIA BEACH, VA 23462

REINSTATEMENT 02-04

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

Date

Daytime Phone

(757) 519 9665

Typed or printed name of signing Managing Member/Manager

RUDOLPH MASTERS, JR.

CR2E041 (10/02)