PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED AND FILED

02 DEC -9 AM 10:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

L01000021293

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Division of Corporations

DOCUMENT # L01000021293

1. Limited Liability Company's Name
Benjamin Gainer, L.L.C.

REINSTATEMENT 2002

2. Principal Office Address	**3.** Mailing Office Address
1214 E. Lambright St.	1214 E. Lambright St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Tampa, Florida	Tampa, Florida
Zip 33604 Country U.S.A.	Zip 33604 Country U.S.A

4. State/Country of Formation: Florida/U.S.A.

5. Date Organized or Qualified To Do Business in Florida: 03/08/02

6. FEI Number: 59-3758271 ☐ 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: Benjamin Gainer

Street Address (P.O. Box Number is Not Acceptable): 1214 E. Lambright Street

500009424465
12/09/02--01113--003 **150.00

Suite, Apt. #, Etc.:

City: Tampa | State: FL | Zip Code: 33604

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: Benjamin D. Gainer — Date: 11/20/02
REGISTERED AGENT MUST SIGN

CR2E041 (9/01)

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	Benjamin Gainer	1214 East Lambright St.	Tampa, FL 33604
MGRM	Rita Gainer	1214 E. Lambright St.	Tampa, FL 33604
MGRM	Mason Haynes	1400 43rd St.	St. Petersburg, FL 33711
MGRM	Willie Gainer Jr.	5307 Alhambra Way	St. Petersburg, FL 33711

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: Benjamin D. Gainer — Date: 11/20/02 — Daytime Phone #: 813-237-3237

Typed or printed name of signing Managing Member/Manager: BENJAMIN D. GAINER