


2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L02000000174		
1. Entity Name S. GENET ISSGGP, L.L.C.		

Principal Place of Business C/O LANE GENET 9400 S. DADELAND BLVD. MIAMI, FL 33156	Mailing Address C/O LANE GENET 9400 S. DADELAND BLVD. MIAMI, FL 33156
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED
08 DEC 23 PM 2:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12052008 REIN-LLC CR2E101 (1/07)

4. FEI Number
26-3349984

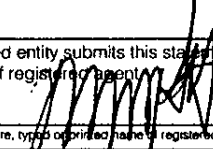
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

Applied For
☐ Not Applicable

6. Name and Address of Current Registered Agent	
GENET, LANE 9400 S. DADELAND BLVD. MIAMI, FL 33156	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

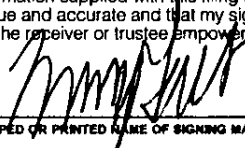
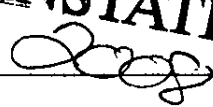
SIGNATURE  DATE 12/6/08

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75 After January 1, 2009, Fee will be \$277.50	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GENET, LANE 7105 SW 115 TERRACE MIAMI, FL 33156 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200139174792 12/19/08--01045--010 <input type="checkbox"/> Change <input type="checkbox"/> Addition **138.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  **REINSTATEMENT** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date 12/6/08 305-342-3327

Daytime Phone #