

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2005 MAY -4 PM 4: 10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L02000001158**

1. Limited Liability Company's Name

Gordon Enterprises, L.L.C.

2. Principal Office Address

706 SW 5th Street

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Trenton, Florida

City & State

Zip

32693

Country

USA

Zip

Country

4. State/Country of Formation

Gilchrist

5. Date Organized or Qualified
To Do Business in Florida

01/11/02

6. FEI Number

none

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

Michael D. Gordon

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

706 SW 5th Street

Suite, Apt. #, Etc.

City

Trenton

State
FL

Zip Code
32693

900055407959

05/27/05--01040--004 **250.00

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

REGISTERED AGENT MUST SIGN

Date **2 May 05**

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	Michael D. Gordon	706 SW 5th Street	Trenton, Florida 32693

REINSTATEMENT 03-05

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 #

Typed or printed name of signing Managing Member/Manager

Michael D. Gordon

CR20041 (10/02)