

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2004 APR 20 A 11:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800033717498
04/23/04--01020--001 **150.00

DOCUMENT # 402000002992

1. Limited Liability Company's Name

~~Gno Worldwide LLC~~
Gno Worldwide LLC

2. Principal Office Address

800 Ocean Dr

Suite, Apt. #, etc.

#201

City & State

Juno Bch FL

Zip

33408

Country

USA

3. Mailing Office Address

800 Ocean Dr

Suite, Apt. #, etc.

#201

City & State

Juno Bch FL

Zip

33408

Country

USA

4. State/Country of Formation

USA

5. Date Organized or Qualified

To Do Business in Florida 1/30/02

6. FEI Number

710886331

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

Mark Schwartz

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

800 Ocean Dr

Suite, Apt. #, Etc.

#201

City

Juno Beach

State

FL

Zip Code

33408

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 4/8/04

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
Pres.	Mark Schwartz	800 Ocean Dr #201	Juno Bch FL 33408
Vice Pres.	Nancy La Vista	"	"

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

[Signature]

Date 4/9/04

Daytime Phone# 561-820-2260

Typed or printed name of signing Managing Member/Manager

MARK SCHWARTZ

CR2E041 (10/02)