

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 FEB 27 PM 3:10

DOCUMENT # L 02000003086

1. Limited Liability Company's Name

GERNERT ENTERPRISES, LLC

000030399890  
03/15/04--01016--003 \*\*200.00

2. Principal Office Address

2601 MARION DRIVE

Suite, Apt. #, etc.

3. Mailing Office Address

2601 MARION DRIVE

Suite, Apt. #, etc.

City & State

FORT LAUDERDALE FL

Zip

33316

Country

U.S.

City & State

FORT LAUDERDALE FL

Zip

33316

Country

U.S.

4. State/Country of Formation

FLORIDA / U.S.

5. Date Organized or Qualified  
To Do Business in Florida

02/07/2002

6. FEI Number

03-0451573

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

Brant, Abraham, Reiter & McCormick, P.A.

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

50 N. Laura Street, Suite 2750

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32202

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

Jan D. McCormick

Vice President

Date 2/26/2004

REGISTERED AGENT MUST SIGN

**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
man	FRANK E. GERNERT	2100 S. OCEAN DR. #126	FT. LAUDERDALE, FL 33314

REINSTATEMENT

03-04

dec

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

Frank E. Gernert

Date 2/20/04

Daytime Phone # (954) 649-5200

Typed or printed name of signing Managing Member/Manager

FRANK E. GERNERT

CR2E041 (10/02)