

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF REVENUE
Tallahassee, Florida
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 17 AM 11:23

1. DOCUMENT # L02000003964

Name and Mailing Address

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0002193 01 AT 0.292 **AUTO TO 0 0615 32312-273816



THE GIESECKE CO., LLC
316 TALWOOD DR.
TALLAHASSEE FL 32312-2738



2. New Mailing Address

City, State, Zip

4. State/Country of Formation
FL

5. Date Organized or Qualified
To Do Business in Florida 02/19/2002

Principal Place of Business
316 TALWOOD DR.
TALLAHASSEE FL 32312

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number
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

GIESECKE, CRAIG
316 TALWOOD DR.
TALLAHASSEE FL 32312

9. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

10. 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 REQUIRED

REGISTERED AGENT MUST SIGN

Date 12/15/03

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	GIESECKE, CRAIG	316 TALWOOD DR.	TALLAHASSEE FL 32312

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12/17/03--01071--007 **150.00

REINSTATEMENT

12. 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 REQUIRED

Date 12/15/03

Daytime Phone # (850) 422-1833

Typed or printed name of signing Managing Member/Manager

CR2E0B4 (7/03)