

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

04 FEB 24 PM 1:46

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # L02000009680**

**1. Limited Liability Company's Name**

Gibbs Brothers Investment, LLC

**2. Principal Office Address**

2286-3 Wednesday Street

Suite, Apt. #, etc.

**3. Mailing Office Address**

2286-3 Wednesday Street

Suite, Apt. #, etc.

**City & State**

Tallahassee, FL

**City & State**

Tallahassee, FL

**Zip**

32308

**Country**

USA

**Zip**

32308

**Country**

USA

**4. State/Country of Formation**

Florida

**5. Date Organized or Qualified  
To Do Business in Florida**

April 23, 2002

**6. FEI Number**

04-3653957

**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**

Greg Gibbs

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

2286-3 Wednesday Street

**Suite, Apt. #, Etc.**

**City**

Tallahassee

**State**

FL

**Zip Code**

32308

**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**

**Date** 2/20/04

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
MGRM	Greg Gibbs	2286-3 Wednesday Street	Tallahassee, FL 32308
MGRM	Marshall Gibbs	2286-3 Wednesday Street	Tallahassee, FL 32308
MGRM	Harold Gibbs	2286-3 Wednesday Street	Tallahassee, FL 32308

**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** 2/20/04 **Daytime Phone#** (850) 893-9696

**Typed or printed name of signing Managing Member/Manager** Greg Gibbs

CR2E041 (10/02)