2004 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Dec 08, 2004
Secretary of State

DOCUMENT# L02000015506

Entity Name: GILLCOR, LLC

Current Principal Place of Business:

733 DUNLAWTON AVE.
STE 103
PORT ORANGE, FL 321274225

New Principal Place of Business:

Current Mailing Address:

733 DUNLAWTON AVE.
STE 103
PORT ORANGE, FL 321274225

New Mailing Address:

FEI Number: 42-1552776 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

GILL, STACEY
2447 OLD SAMSULA RD
DAYTONA BEACH, FL 32128 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: P ( ) Delete
Name: GILL, STACEY
Address: 2447 OLD SAMSULA RD
City-St-Zip: PORT ORANGE, FL 32128

Title: VP ( ) Delete
Name: CORWIN, JAMES W
Address: 201 S HALIFAX DR
City-St-Zip: ORMOND BEACH, FL 32176

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: GILL, STACEY
Address: 2447 OLD SAMSULA RD
City-St-Zip: PORT ORANGE, FL 32128

Title: MGR (X) Change ( ) Addition
Name: CORWIN, JAMES W
Address: 201 S HALIFAX DR
City-St-Zip: ORMOND BEACH, FL 32176

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: STACEY GILL MGR 12/08/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date