

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 OCT -6 AM 8:55

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **L02000017505**

1. Limited Liability Company's Name

G.E.E.K. PROPERTIES, LLC

2. Principal Office Address

MAHAN DRIVE
Suite, etc.

3. Mailing Office Address

P.O. Box 12039
Suite, Apt. #, etc.

City & State

TALLAHASSEE FL.

City & State

TALLAHASSEE, FL

Zip

32308

Country

USA.

Zip

32317

Country

USA.

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

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

Name

ROBERT K. BACON

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

2400 MAHAN DRIVE

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

Robert K. Bacon

REGISTERED AGENT MUST SIGN

Date **10/3/2003**

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
MM.	ROBERT K. BACON	2400 MAHAN DRIVE	TALLAHASSEE, FL. 32308

REINSTATEMENT 2003

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

Robert K. Bacon

Date **10/3/2003**

Daytime Phone # **(955) 878-2124**

Typed or printed name of signing Managing Member/Manager

ROBERT K. BACON

CR20041 (10/02)