


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b> 		<b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS		<b>FILED</b> 07 FEB 23 AM 10:04 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # <b>L02000028596</b> 1. Limited Liability Company's Name <b>GOLD MARK LLC</b> REG# <b>L02000028596</b>					
2. Principal Office Address <b>5290 N.W. 130<sup>th</sup> AVE</b> Suite, Apt. #, etc.		3. Mailing Office Address <b>5290 N.W. 130<sup>th</sup> AVE</b> Suite, Apt. #, etc.		4. State/Country of Formation <b>FL/USA</b>	
City & State <b>OCALA, FL.</b>		City & State <b>OCALA, FL</b>		5. Date Organized or Qualified To Do Business in Florida <b>11/20/02</b>	
Zip <b>34482</b>	Country <b>USA</b>	Zip <b>34482</b>	Country <b>USA</b>	6. FEI Number <b>71-0911028</b>	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>				\$5.00 Additional Fee required for a Certificate of Status	

**8. Name and Address of Current Registered Agent**

Name  
**TODD QUAST**

Street Address (P.O. Box Number is Not Acceptable)  
**5298 N.W. 130<sup>th</sup> AVE.**

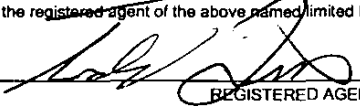
Suite, Apt. #, Etc.

City  
**OCALA**

State  
**FL**

Zip Code  
**34482**

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 **2/18/07**

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
MGR	TODD QUAST	5298 N.W. 130 <sup>th</sup> AVE.	OCALA, FL 34482
MGR/M	T. PAUL BULMANN	5294 N.W. 130 <sup>th</sup> AVE.	OCALA FL 34482
			100088978831 02/01/07--01049--013 **250.00
<b>REINSTATEMENT 03-07</b>			

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 **2-19-07** Daytime Phone # **352-369-3377**

Typed or printed name of signing Managing Member/Manager **TODD QUAST**

CR2E041 (10/02)



02/19/2007


Florida Department of State  
Division of Corporations  
Corporate Records  
P. O. Box 6327  
Tallahassee, Florida 32314

To Whom it may Concern,

I never received my renewal form for Goldmark LLC in 2003. I just learned that the corporation was not up to date when I applied for my fictitious name renewal. I have enclosed a check for \$250.00 to cover \$50.00 for each year missed and ask you to waive the \$100.00 reinstatement fee because I never received the renewal at our farm address.

Please let me know if there is anything else I need to do to expedite this.

Thank you,



Todd Quast, General Manager

GoldMark Farm  
5290 NW 130th Avenue  
Ocala, FL 34482-1712

Farm: 352.369.3377  
Fax: 352.369.3375