

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT -2 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
800023512138
10/02/03--01033--027 **150.00

800023512138
10/02/03--01033--026 **5.00

DOCUMENT # **L02000033298**

1. Limited Liability Company's Name

Viewpoint Investments, LLC

2. Principal Office Address

936 Lasalle St.

Suite, Apt. #, etc.

Jacksonville, FL

City & State

32207 Duval

Zip

Country

3. Mailing Office Address

PO Box 10952

Suite, Apt. #, etc.

Jacksonville, FL

City & State

32207 Duval

Zip

Country

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified
To Do Business in Florida

12/11/02

6. FEI Number

32-0077791

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

GEOFFREY W KOCH

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

936 Lasalle St.

Suite, Apt. #, Etc.

Jacksonville, FL 32207

City

State
FL

Zip Code

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **9/30/03**

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	GEOFFREY KOCH	936 Lasalle St	Jacksonville / FL / 32207

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

[Signature]

Date **9/30/03**

Daytime Phone# **(904) 233-8208**

or **(904) 374 9839**

Typed or printed name of signing Managing Member/Manager **GEOFFREY KOCH**

CR2E041 (10/02)