

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY
COMPANY
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L03000032110

1. Limited Liability Company's Name

Geneva Holdings, LLC

2. Principal Office Address

1680 Fruitville Road

Suite, Apt. #, etc.

Suite 102

City & State

Sarasota, Florida

Zip

34236

Country

USA

3. Mailing Office Address

1680 Fruitville Road

Suite, Apt. #, etc.

Suite 102

City & State

Sarasota, Florida

Zip

34236

Country

USA

FILED

06 OCT 25 PM 2:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BKC 400081192534

CR2E041 (8/05)

4. State/Country of Formation

Florida/Sarasota

5. Date Organized or Qualified
To Do Business in Florida

08/26/2003

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

Gregory S. Band

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

1680 Fruitville Road

Suite, Apt. #, Etc.

Suite 102

City

Sarasota, Florida

State

FL

Zip Code

34236

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

REGISTERED AGENT MUST SIGN

Date 8/20/2006

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.	Alwyn de Koker	1680 Fruitville Road, Suite 102	Sarasota, Florida

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 608.408, 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 21 Aug 2006 Daytime Phone # 941 383 7362

Typed or printed name of signing Managing Member/Manager

ALWYN DE KOKER

L03000032110

**GENEVA HOLDINGS, LLC
1680 FRUITVILLE ROAD, SUITE 102
SARASOTA, FLORIDA 34236**

21 August, 2006

FILED
06 OCT 25 PM 2:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

**Re: Geneva Holdings, LLC
Doc. #L03000032110
Application for Reinstatement**

BKL

Gentlemen:

I am the Manager of the captioned company. The said company was qualified to do business in Florida on August 8, 2003. No annual report notice was received by me for the year 2004, 2005 and 2006.

An inquiry into the corporate records indicates that my company was dissolved for non filing of the annual report on October 1, 2004.

By reason of the fact that an annual report notice for the company for 2004, 2005 and 2006 was not received by me, I am requesting that the \$100 reinstatement fee be waived.

Thank you for your consideration in this regard.

Very truly yours,



Alwyn de Koker, Manager



CORPORATION SERVICE COMPANY

L03000632110

ACCOUNT NO. : 072100000032

REFERENCE : 553842 81325A

AUTHORIZATION :

[Handwritten signature]

COST LIMIT : \$ 150.00

ORDER DATE : October 25, 2006

ORDER TIME : 12:19 PM

ORDER NO. : 553842-005

CUSTOMER NO: 81325A

FILED
06 OCT 25 PM 2:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOMESTIC FILINGS

NAME: GENEVA HOLDINGS, LLC

[Handwritten initials]

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kathy Drake - Ext# 2959

EXAMINER'S INITIALS _____

RECEIVED
06 OCT 25 PM 12:50
TALLAHASSEE, FLORIDA