

2004 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 FEB 11 AM 8:28

DOCUMENT # L03000037775

1. Entity Name
GINMAR, L.L.C.



Principal Place of Business
164 ELM TERRACE
JENSEN BEACH, FL 34957

Mailing Address
164 ELM TERRACE
JENSEN BEACH, FL 34957

REINSTATEMENT 04-05



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10312004 REIN-LLC CR2E101 (6/04)

City & State

City & State

4. FEI Number

Applied For
☒ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MADDEN, JOHN W
789 SOUTH FEDERAL HIGHWAY STE. 310 308
STUART, FL 34994

Name

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

please change suite # 308

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

John Madden

(NOTE: Registered Agent signature required when reinstating)

2-9-05

DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2005, Fee will be \$200.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
MGR
STEVENS, MARK ☐ Delete
STREET ADDRESS
789 SOUTH FEDERAL HIGHWAY STE. 310
CITY-ST-ZIP
STUART, FL 34994

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
164 NE Elm Terrace
Jensen Beach, FL 34957 ☒ Change ☐ Addition

TITLE
NAME
MGR
STEVENS, GINETTE ☐ Delete
STREET ADDRESS
789 SOUTH FEDERAL HIGHWAY STE. 310
CITY-ST-ZIP
STUART, FL 34994

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
164 NE Elm Terrace
Jensen Beach, FL 34957 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
700046851307
02/18/05--01010--005 **50.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
400043799984
01/03/05--01014--004 **150.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify 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 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 606, Florida Statutes.

SIGNATURE:

Mark Stevens

1 NOV '04

(772) 528-9618

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #