

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2007 APR 11 AM 10:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

600097313026  
04/18/07--01014--022 \*\*250.00

CR2E041 (1/07)

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L03000044309

1. Limited Liability Company's Name

GEMMA SMITH, LLC

2. Principal Office Address - No P.O. Box #

6894 CRYSTAL RIVER RD

Suite, Apt. #, etc.

3. Mailing Office Address

6894 CRYSTAL RIVER RD

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

Zip

32219

Country

US

Zip

32219

Country

US

4. State/Country of Formation

FLORIDA/US

5. Date Organized or Qualified  
To Do Business in Florida

11/13/2003

6. FEI Number

20-0417580

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

SCOTT FORDHAM

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

1241 S MCDUFF AVE

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32205

☐ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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

*Scott B. Fordham*

Date 03/19/2007

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	GEMMA V. SMITH	6894 CRYSTAL RIVER RD	JACKSONVILLE, FL 32219

REINSTATEMENT 05-07

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

*Gemma Smith*

Date 4-2-07

Daytime Phone # 904-742-5530

Typed or printed name of signing Managing Member/Manager

GEMMA SMITH