

PLEASE READ AND INSTRUCTIONS BEFORE COMPLETING THIS FORM

**L04000054383**

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 MAR -7 PM 4:13

**DOCUMENT #**

1. Limited Liability Company's Name

GERALIS MOBLEY PLASTERING LLC

CR2E041 (1/11)

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

17521 NW CR. 231

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

GAINESVILLE FLORIDA

City & State

Zip

32609

Country

ALABAMA

Zip

Country

4. State/Country of Formation

5. Date Organized or Qualified  
To Do Business in Florida

7-22-04

6. FEI Number

010684134

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

GERALIS MOBLEY

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

17521 NW CR. 231

Suite, Apt. #, Etc.

City

GAINESVILLE

State

FL

Zip Code

32609

E-mail Address:

900224094539

03/07/12--01038--019 \*\*957.50

MOBLEYKY@YAHOO.COM  
(To be used for future annual report notices)

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]*

Date FEB 22, 2012

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
MBL	GERALIS MOBLEY	17521 NW CR. 231	GAINESVILLE, FL 32609

**REINSTATEMENT 2007-2012**

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing  
Member/Manager

*[Signature]*

Date 2-22-12

Daytime Phone (352) 485-2688

Typed or printed name of signing Managing Member/Manager

GERALIS MOBLEY