

L04000074051
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Limited Liability Company's Name

L04000074051

Generation 4 LLC

2005

BK

FILED
12 NOV 28 PM 12:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
CR2E041 (1/11)

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

19838 Ellendale Drive

Suite, Apt. #, etc.

3. Mailing Office Address

19838 Ellendale Drive

Suite, Apt. #, etc.

City & State

Land O Lakes Florida

City & State

Land O Lakes Florida

Zip

34638

Country

USA

Zip

34638

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

10/12/2004

6. FEI Number

30-0277401

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

Damon Johnston

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

19838 Ellendale Drive

Suite, Apt. #, Etc.

City

Land O Lakes

State

FL

Zip Code

34638

E-mail Address:

400242190614
11/28/12--01021--006 **1215.00

dj@generationfour.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

Damon Johnston
REGISTERED AGENT MUST SIGN

Date 11-27-2012

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
President	Damon Johnston	19838 Ellendale Drive	Land O Lakes, FL, 34638
Vice President	Suzan Johnston	19838 Ellendale Drive	Land O Lakes, FL, 34638

REINSTATEMENT 2005-2012

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

Damon Johnston

Date 11-27-2012

Daytime Phone # 813-949-3039

Typed or printed name of signing Managing Member/Manager Damon Johnston