

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 DEC 23 PM 1:39

DOCUMENT # L050000211630

1. Limited Liability Company's Name

Gentrywood Innovations, LLC

500137696385
11/06/08--01008--004 ***243.75

CR2E041 (10/08)

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

673 Eldron Ave

Suite, Apt. #, etc.

3. Mailing Office Address

673 Eldron Ave

Suite, Apt. #, etc.

City & State

Deltona FL

Zip

32738

Country

USA

City & State

Deltona FL

Zip

32738

Country

USA

4. State/Country of Formation

Florida / USA

5. Date Organized or Qualified

3-8-2005

6. FEI Number

20-3499809

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

Terry L Gentry

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

673 Eldron Ave

Suite, Apt. #, Etc.

City

Deltona

State

FL

Zip Code

32738

☐ 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

[Signature]

REGISTERED AGENT MUST SIGN

Date 11/31/2008

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
<u>MEM</u>	<u>Terry Gentry</u>	<u>673 Eldron Ave.</u>	<u>Deltona FL 32738</u>
<u>MEM</u>	<u>Christina Gentry</u>	<u>673 Eldron Ave.</u>	<u>Deltona FL 32738</u>

REINSTATEMENT 2007, 2008

500137696385
12/24/08--01008--012 ***198.75

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

[Signature]

Date 11/31/2008

Daytime Phone # 407-312-4516

Typed or printed name of signing Managing Member/Manager

Terry Gentry



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

08 DEC 23 PM 12:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

November 13, 2008

GENTRY WOOD INNOVATIONS, LLC
673 ELDRON AVE
DELTONA, FL 32738

SUBJECT: GENTRY WOOD INNOVATIONS, LLC
Ref. Number: L05000021630

We have received your document for GENTRY WOOD INNOVATIONS, LLC and check(s) totaling \$243.75. However, the document has not been filed and is being retained in this office for the following reason(s):

There is a balance due of \$138.75. Refer to the attached fee schedule for the breakdown of fees. Please return a copy of this letter to ensure your money is properly credited.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II

Letter Number: 108A00057147