

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 JUN -9 PM 1:39

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L05000027334

1. Limited Liability Company's Name

GERNADA LLC

900156949709
06/09/09--01038--004 **521.25

CR2E041 (10/08)

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

925 CAITLIN POINT

Suite, Apt. #, etc.

City & State

LONGWOOD FL

Zip

32750

Country

Seminole

3. Mailing Office Address

925 CAITLIN POINT

Suite, Apt. #, etc.

City & State

LONGWOOD FL

Zip

32750

Country

Seminole

4. State/Country of Formation

Florida, Seminole

5. Date Organized or Qualified To Do Business in Florida

3-18-2005

6. FEI Number

030556525

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

HORST D. RIECHERS

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

925 CAITLIN POINT

Suite, Apt. #, Etc.

City

LONGWOOD

State

FL

Zip Code

32750

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

H. Riechers

REGISTERED AGENT MUST SIGN

Date 6-5-09

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
mgrm	CATHERINE E. KANE	925 CAITLIN POINT	LONGWOOD, FL 32750
mgrm	HORST D. RIECHERS	925 CAITLIN POINT	LONGWOOD, FL 32750

REINSTATEMENT 07-09

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

Catherine E Kane

Date June 5, 2009 Daytime Phone # 407-234-16107

Typed or printed name of signing Managing Member/Manager

CATHERINE E KANE