

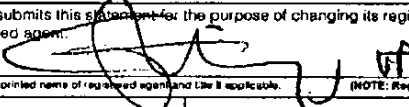
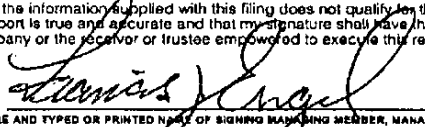
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2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000064107			
1. Entity Name GENEVA 426, LLC			
Principal Place of Business 106 ROCK LAKE ROAD LONGWOOD, FL 32750		Mailing Address 106 ROCK LAKE ROAD LONGWOOD, FL 32750	
2. Principal Place of Business - No P.O. Box # 912 Copperfield Terrace		3. Mailing Address 912 Copperfield Terrace	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Casselberry, Florida		City & State Casselberry, Florida	
Zip 32707	Country U.S.	Zip 32707	Country U.S.
4. FEI Number 20-3078446		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent MINEGAR, CRAIG A 250 PARK AVENUE SOUTH, 5TH FLFOOR WINTER PARK, FL 32789		7. Name and Address of New Registered Agent Name WHWW, Inc. Street Address (P.O. Box Number is Not Acceptable) 390 North Orange Avenue Suite 1500 City Orlando FL Zip Code 32801	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE 		DATE 1/29/07	
FILE NOW!!! FEE IS \$200.00		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
REINSTATEMENT 2006-2007 DB		SECRETARY OF STATE TALLAHASSEE, FLORIDA JAN 29 2007 8:42	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: 		DATE: 1/29/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850) 205-0383

From:
Account Name : WHWW, INC.
Account Number : I20060000124
Phone : (407) 246-6584
Fax Number : (407) 645-3728

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LIMITED LIABILITY REINSTATEMENT

GENEVA 426, LLC

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