

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2007 MAR -5 AM 10:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02062007 REIN-LLC CR2E101 (1/07)

4. FEI Number **EV# 25-1925965** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DOCUMENT # L05000087369

1. Entity Name
GEE & COMPANY, LLC.



Principal Place of Business
~~1825 PONCE DE LEON BLVD., SUIT 310~~
~~MIAMI, FL 33134~~

Mailing Address
~~P.O. BOX 311062~~
~~MIAMI, FL 33231~~

2. Principal Place of Business - No P.O. Box #
7557 W. SAND LAKE RD.

3. Mailing Address
8131 VINELAND AVE.

Suite, Apt. #, etc.
103

Suite, Apt. #, etc.
206

City & State
ORLANDO, FL

City & State
ORLANDO, FL

Zip
32821

Country
ORANGE

Zip
32821

Country
ORANGE

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145

7. Name and Address of New Registered Agent

Name

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

City

FL Zip Code

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 **2/14/07** *gbs*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE	MGR	☒ Delete		TITLE	MGR	☒ Change ☐ Addition	
NAME	GEE, GILBERT C			NAME	GEE, GILBERT C		
STREET ADDRESS	1825 PONCE DE LEON BLVD., SUIT 310			STREET ADDRESS	8131 VINELAND AVE # 206		
CITY-ST-ZIP	MIAMI, FL 33134			CITY-ST-ZIP	ORLANDO, FL 32821		
TITLE	MGR	☒ Delete		TITLE	MGR	☒ Change ☐ Addition	
NAME	GEE, LOURDES S			NAME	GEE, LOURDES S		
STREET ADDRESS	1825 PONCE DE LEON BLVD., SUIT 310			STREET ADDRESS	8131 VINELAND AVE # 206		
CITY-ST-ZIP	MIAMI, FL 33134			CITY-ST-ZIP	ORLANDO, FL 32821		
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NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change ☐ Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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 **2-26-07** (407) 454-3471

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE