

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L06000023394

1. Limited Liability Company's Name

Gemma Investments, L.L.C.

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

14259 Calypso Lane

Suite, Apt. #, etc.

3. Mailing Office Address

100 Tremont Pkwy

Suite, Apt. #, etc.

City & State

Wellington, FL

City & State

Athens, GA

Zip

33414

Country

USA

Zip

30606

Country

USA

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified
To Do Business in Florida

03/03/2006

6. FEI Number

☐ 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

Susan E. Edens

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

14259 Calypso Lane

Suite, Apt. #, Etc.

City

Wellington

State

FL

Zip Code

33414

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08/31/10--01006--002 **655.00

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

Susan E. Edens

REGISTERED AGENT MUST SIGN

Date **August 24, 2010**

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
MNG	Susan E. Edens	14259 Calypso Lane	Wellington, FL 33414

REINSTATEMENT

67-10

OR 8-3110

11. E-mail Address: **SUSANEDENS. SELLS @ COMCAST.NET**

(To be used for future annual report notifications)

12. 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

Susan E. Edens

Date **8/24/2010**

Daytime Phone # **404-775-2818**

Typed or printed name of signing Managing Member/Manager **Susan E. Edens**