PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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LIMITED LIABILITY COMPANY REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	SECRETARY OF STATE DIVISION OF CORPORATIONS  09 JUL 14 PM 12: 28
DOCUMENT# 1. Limited Liability Company's Name  Zach Geleynse LLC		700158423817 07/13/0301066008***421.25
<b>y</b>		CR2E041 (10/08)
2. Principal Office Address - No P.O. Box#  9561 S Trace rd	3. Mailing Office Address 9561 S Trace cd	4. State/Country of Formation
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Florida / USA
<del></del>		5. Date Organized or Qualified To Do Business in Florida 5/31/2006
City & State Milton FC	City & State  Milton FL	6. FEI Number Applied For
Zip Country	Zip Country	56-2587 <sub>1</sub> 34 Not Applicable
32583 USA	32583 USA	CERTIFICATE OF STATUS DESIRED 55 00 Additional Fee required for a Certificate of Status
8. Name and Address of Current Registered Agent		
Name Zach Geleynse		A \$100 reinstatement fee is imposed, except in circumstances which the entity did not
Street Address (P.O. Box Number is Not Acceptable) 9561 S Trace rd		receive the prior notices. By checking this
Sulte, Apt. #, Etc.		box, you are certifying the prior notices were not received and requesting the \$100
City	State Zip Code	reinstatement be waived.
Milton FL 32583		
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  REGISTERED AGENT MUST SIGN  Date		
10. Names and Street Addresses of Managing Members/Managers		
Titles Name of Managing Members/Manag	Street Address of Each gers Managing Member/Mana	
MGR Zach Geleyns	se 9561 S Trace.	rd Milton FC, 32583
REINSTATEMENT 2007- 2009		
REMOTE ADOL		
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 pald. 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 Date 7 3 0 Daytime Phone 850 983-9581		
Typed or printed name of signing Managing Member/Manager Zach Geleynse		