

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 DEC 27 PM 2:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # LO6000103362

1. Limited Liability Company's Name

Gentle Force Communication LLC

900113557829
01/02/08--01039--004 **50.00
CR2E041 (1/07)

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

2882 Eva mae st

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 21

Suite, Apt. #, etc.

City & State

Marianna FL

City & State

Greenwood FL

Zip

32446

Country

Sackson

Zip

32443

Country

Sackson

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

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

Loretha Brown

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

2882 Eva mae st.

Suite, Apt. #, Etc.

City

Marianna

State

FL

Zip Code

32446

☒ 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

Loretha Brown
REGISTERED AGENT MUST SIGN

Date 12/27/07

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
man	Loretha Brown	2882 Eva mae st.	Marianna, FL 32446

REINSTATEMENT

12/26

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

Loretha Brown

Date

12/27/07

Daytime Phone #

(850) 559-7192

Typed or printed name of signing Managing Member/Manager