

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L06000112066

1. Limited Liability Company's Name

G-Tec Equipment Services, LLC

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

4122 Longfellow Drive

Suite, Apt. #, etc.

City & State

Plant City, FL

Zip

33566

Country

USA

3. Mailing Office Address

4122 Longfellow Drive

Suite, Apt. #, etc.

City & State

Plant City, FL

Zip

33566

Country

USA

FILED

11 DEC 30 PM 4:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/11)

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

01/01/2007

6. FEI Number

205924085

☐ 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

Patty Gosselin

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

4122 Longfellow Drive

Suite, Apt. #, Etc

City

Plant City, FL

State

FL

Zip Code

33566

E-mail Address:

200215678782
12/30/11--01023--017 **382.50

Travelpag@aol.com

(To be used for future annual report notices)

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

Patty Gosselin

REGISTERED AGENT MUST SIGN

Date

12/28/11

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
MGR	Keith Gosselin	4122 Longfellow Drive	Plant City, FL 33566

REINSTATEMENT 10-11

KG

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing
Member/Manager

Keith M. Gosselin

Date

12/28/11

Daytime Phone #

863-660-8385

Typed or printed name of signing Managing Member/Manager

KEITH M. GOSSELIN