

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2010 APR -1 AM 8:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500173445455
03/29/10--01064--021 **316.25
CR2E041 (11/09)

DOCUMENT #

1. Limited Liability Company's Name
FGMM, LLC

L07000065934

2. Principal Office Address - No P.O. Box #
11301 Bonita Beach Road

Suite, Apt. #, etc.

City & State
Bonita Springs, Florida

Zip
34135

Country
USA

3. Mailing Office Address
Same

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation
Florida

5. Date Organized or Qualified
To Do Business in Florida
06/22/2007

6. FEI Number
26-0436054

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
Brian M. Geidner

Street Address (P.O. Box Number is Not Acceptable)
11301 Bonita Beach Road

Suite, Apt. #, Etc.

City
Bonita Springs

State
FL

Zip Code
34135

☒ 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

Brian M. Geidner

REGISTERED AGENT MUST SIGN

Date 02/03/2010

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
MGRM	Brian M. Geidner	11301 Bonita Beach Road	Bonita Springs, Florida 34135
MGRM	Charles F. Sample	11301 Bonita Beach Rd.	Bonita Springs, FL 34135

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03/02/10--01027--005 **100.00

REINSTATEMENT-08-10

11. E-mail Address: brian@gulfsidemortgage.com or brian@greatspacestorage.com
(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

Brian M. Geidner

Date 02/03/2010

Daytime Phone # 239-948-7888

Typed or printed name of signing Managing Member/Manager

239.221.2000

C.L.

Copies
mailed 2/25/10