

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 FEB -8 AM11:38

DOCUMENT # L08000017809

1. Limited Liability Company's Name

G2 Solutions, LLC

09

800163589318
02/03/10--01036--005 **38.75
800163589318
12/14/09--01061--012 **238.75

CR2E041 (11/09)

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

2800 Regal Pine Trl.

Suite, Apt. #, etc.

3. Mailing Office Address

2800 Regal Pine Trl.

Suite, Apt. #, etc.

City & State

Oviedo, FL

Zip

32766

Country

USA

City & State

Oviedo, FL

Zip

32766

Country

USA

4. State/Country of Formation

FL/USA

5. Date Organized or Qualified
To Do Business in Florida

2/18/2008

6. FEI Number

26-2000645

☒ 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

Gregory Gilbert

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

2800 Regal Pine Trl.

Suite, Apt. #, Etc.

City

Oviedo

State

FL

Zip Code

32766

☒ 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

[Signature]

REGISTERED AGENT MUST SIGN

Date 12/09/09

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	Gregory Gilbert	2800 Regal Pine Trl.	Oviedo, FL 32766

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11. E-mail Address: g2solutionsllc@yahoo.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

[Signature]

Date 12/09/09

Daytime Phone # 407-201-1451

Typed or printed name of signing Managing Member/Manager

Gregory Gilbert