


2013 LIMITED LIABILITY COMPANY REINSTATEMENT

APPROVED
AND
FILED

13 NOV -7 AM 11:19


SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | |
|---|---|
| DOCUMENT # L11000096839 1. Entity Name GENE PAGEL LLC |  |
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|---|---|
| Principal Place of Business 67 CATAWBA TRL CRAWFORDVILLE, FL 32327 US | Mailing Address 67 CATAWBA TRL CRAWFORDVILLE, FL 32327 US |
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| 2. Principal Place of Business - No P.O. Box # 40 Crestwood Ln. Suite, Apt. #, etc. | 3. Mailing Address 40 Crestwood Ln. Suite, Apt. #, etc. |
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|---|---|
| City & State Crawfordville FL | City & State Crawfordville FL |
| Zip 32327 | Zip 32327 |



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|---|----------|---------------------------------------|
| 11072013 | REIN-LLC | CR2E101 (12/11) |
| 4. FEI Number NOT APPLICABLE | | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$5.00 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent PAGEL, GENE M 67 CATAWBA TRL CRAWFORDVILLE, FL 32327 | 7. Name and Address of New Registered Agent Name PAGEL GENE M. Street Address (P.O. Box Number is Not Acceptable) 40 Crestwood Ln. City Crawfordville FL Zip Code 32327 |
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Gene M. Pagel* MGRM. DATE: 11/7/2013

Signature, typed or printed name of registered agent, and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

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| FILE NOW!!! FEE IS \$238.75 After January 1, 2014, Fee will be \$377.50 | Make check payable to Florida Department of State |
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| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|--|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM PAGEL, GENE M 67 CATAWBA TRL CRAWFORDVILLE, FL 32327 | TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM Pagel, Gene M 40 Crestwood Ln. Crawfordville FL 32327 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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REINSTATEMENT

NOV 7 2013

M. WILLIAMS

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Gene M. Pagel* Date: _____ E-MAIL ADDRESS: bean690@yahoo.com

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date E-MAIL ADDRESS