


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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11072013 REIN-LLC CR2E101 (12/11)

City & State Crawfordville FL	City & State Crawfordville FL
Zip 32327	Zip 32327

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

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**

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: *[Signature]* **MGRM.** DATE: **11/7/2013**

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

FILE NOW!!! FEE IS \$238.75
After January 1, 2014, Fee will be \$377.50

Make check payable to
 Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM PAGEL, GENE M 67 CATAWBA TRL CRAWFORDVILLE, FL 32327
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	TITLE NAME STREET ADDRESS CITY- ST- ZIP

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM PAGEL, GENE M 40 Crestwood Ln. Crawfordville FL 32327
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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: *[Signature]* **bean690@yahoo.com**

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