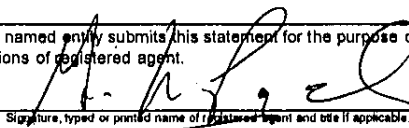
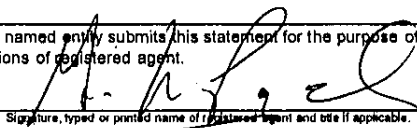
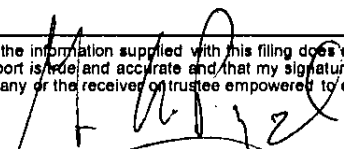


2015 LIMITED LIABILITY COMPANY REINSTATEMENT

APPROVED
AND
FILED

15 FEB -4 AM 9:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L11000096839					
1. Entity Name GENE PAGEL LLC					
Principal Place of Business 40 CRESTWOOD LN CRAWFORDVILLE, FL 32327 US		Mailing Address 40 CRESTWOOD LN CRAWFORDVILLE, FL 32327 US			
2. Principal Place of Business - No P.O. Box # 40 Summerwind Cir. East		3. Mailing Address 40 Summerwind Cir. East			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02042015 REIN-LLC CR2E101 (12/11)	
City & State Crawfordville FL		City & State Crawfordville FL		4. FEI Number NOT APPLICABLE	
Zip 32327		Country United States		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent PAGEL, GENE M 40 CRESTWOOD LN CRAWFORDVILLE, FL 32327			7. Name and Address of New Registered Agent		
			Name Gene Pagel		
			Street Address (P.O. Box Number is Not Acceptable) 40 Summerwind Cir.		
			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 		(NOTE: Registered Agent signature required when reinstating)		DATE 2/4/15	
FILE NOW!!! FEE IS \$238.75 After January 1, 2016, Fee will be \$377.50			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PAGEL, GENE M 40 CRESTWOOD LN CRAWFORDVILLE, FL 32327	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Pagel GENE 40 Summerwind Cir East Crawfordville FL 32327
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: 		Date 2/4/15		E-MAIL ADDRESS	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

RE 2/4/15