

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

14 AUG -7 AM 8:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT 2013-2014		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L12000063198

1. Limited Liability Company's Name

GEMINI COMMUNICATIONS GROUP LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box # 5212 NW 16 PLACE Suite, Apt. #, etc.		3. Mailing Office Address 5212 NW 16 PLACE Suite, Apt. #, etc.	
City & State GAINESVILLE, FL Zip Country 32605 USA		City & State GAINESVILLE, FL Zip Country 32605 USA	

4. State/Country of Formation FL	
5. Date Organized or Qualified To Do Business in Florida 05/09/2012	
6. FEI Number NONE	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name Corporation Service Company			
Street Address (P.O. Box Number is Not Acceptable) 			
Suite, Apt. #, Etc. 1201 Hays Street			
City Tallahassee		State FL	Zip Code 32301

300263067503

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent

Manda Stone

Date **8-6-14**

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers			
Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
MGRM	PETER J GOLDBERG	5212 NW 16 PLACE	GAINESVILLE, FL 32605
MGRM	ADAM GOLDBERG	5212 NW 16 PLACE	GAINESVILLE, FL 32605

11. E-mail Address: **COMPLIANCEMAIL@CSCINFO.COM**

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 605.0012, 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager

Peter J. Goldberg

Date

Daytime Phone #

407-260-1011

Typed or printed name of signing Authorized Representative/Manager

Peter J. Goldberg, Manager

K. ASHTON



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 247241 7539619

AUTHORIZATION :

COST LIMIT : \$ 377.50

Spuddean

ORDER DATE : August 6, 2014

ORDER TIME : 4:56 PM

ORDER NO. : 247241-005

CUSTOMER NO: 7539619

DOMESTIC FILINGS

NAME: GEMINI COMMUNICATIONS GROUP
LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Harry B. Davis - Ext# 62926

EXAMINER'S INITIALS _____

TO KNOWLEDGE
SUFFICIENCY OF FILING

2014 AUG -7 AM 10:58

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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