PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

01 NOV -7 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L93-27

1. Limited Liability Company's Name
Government Sales Associates, L.C.
4972 Orange Ave
Winter Park, FL 32792

REINSTATEMENT 96-201

2. Principal Office Address	**3.** Mailing Office Address
4972 Orange Ave	PO Box 1507
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Winter Park, FL	City & State: Goldenrod, FL
Zip: 32792 Country: USA	Zip: 32733 Country: USA

4. State/Country of Formation: Florida/USA

5. Date Organized or Qualified To Do Business in Florida: 01/13/1993

6. FEI Number: 59-3161406 ☐ 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: Eugene M. Lisa

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-11/20/01--01030-007
****405.00 ****405.00

Street Address (P.O. Box Number is Not Acceptable): 4972 Orange Ave

Suite, Apt. #, Etc.:

City: Winter Park, State: FL Zip Code: 32792

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: Eugene M. Lisa — REGISTERED AGENT MUST SIGN — Date: 11/5/2001

CR2E041 (9/00)

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
MGRM	John D. Chamblis	2986 Harbour Landing Way	Casselberry, FL 32707
M	Eugene M. Lisa	7601 Village Green Dr.	Winter Park, FL 32792

11. 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: John D. Chamblis Date: 11-05-2001 Daytime Phone #: 407-679-1759

Typed or printed name of signing Managing Member/Manager: