

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L93000000027

FILED  
Nov 20, 2008  
Secretary of State

**Entity Name:** GOVERNMENT SALES ASSOCIATES, L.C.

**Current Principal Place of Business:**

2986 HARBOUR LANDING WAY  
CASSELBERRY, FL 32707

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1507  
GOLDENROD, FL 32733

**New Mailing Address:**

FEI Number: 59-3161406      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

LISA, EUGENE M  
7601 VILLAGE GREEN DRIVE  
WINTER PARK, FL 32792      US

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.

SIGNATURE: EUGENE M. LISA

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: LISA, EUGENE M  
Address: 7601 VILLAGE GREEN DR  
City-St-Zip: WINTER PARK, FL 32792

Title: MGRM ( ) Delete  
Name: CHAMBLISS, JOHN D  
Address: 2986 HARBOUR LANDING WAY  
City-St-Zip: CASSELBERRY, FL 32707

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOHN D. CHAMBLISS

MGRM

11/20/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date