

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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**DOCUMENT #**

1. Limited Liability Company's Name

**Viable Products L.C.**  
**L 98 000000 262**

**REINSTATEMENT 2000**

2. Principal Office Address

**13803 W Hillsborough Ave**  
Suite, Apt. #, etc.

3. Mailing Office Address

**13803 W Hillsborough Ave**  
Suite, Apt. #, etc.

City & State

**TAMPA, FL**  
Zip **33635** Country **USA**

City & State

**TAMPA, FL**  
Zip **33635** Country **USA**

4. State/Country of Formation

**FLORIDA, USA**

5. Date Organized or Qualified  
To Do Business in Florida

**2/26/98**

6. FEI Number

**59-3558327**

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

**JEFFREY GITTO**

**900003465179-5**

Street Address (P.O. Box Number is Not Acceptable)

**1806 MORRISON AVE**

Suite, Apt. #, Etc.

City

**TAMPA**

State  
**FL**

Zip Code

**33606**

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

REGISTERED AGENT MUST SIGN

Date **10/31/00**

**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	JEFFREY GITTO	1806 MORRISON AVE	TAMPA, FL 33606
MGRM	HANS F. JONES	1412 1/2 7th AVE N.	St Petersburg, FL 33705
MGRM	JEFFREY L. WINTERS	3945 FLOREMAK TERRACE	NEW PORT RICHEY, FL 34652
MGRM	FLOYD, PATRICK S. ELI	41 BURR FARMS RD	Westport, CT 06880

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

Date **10/31/00**

Daytime Phone # **813-814-4182**

Typed or printed name of signing Managing Member/Manager

**JEFFREY L. WINTERS**