

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

L98000000628

FILED

1. DOCUMENT # L98000000628

Name and Mailing Address

0005292 01 FP 0.352 **PRSRT T6 D 0615 33765-203176



GEO-KON HOLDINGS, L.C.
901 HERCULES AVE., STE D
CLEARWATER FL 33765-2031

02 NOV -5 PM 4:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10/4/02

2. New Mailing Address

City, State, Zip

Principal Place of Business

901 HERCULES AVE., STE D
CLEARWATER FL

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

05/15/1998

6. FEI Number

59-3516343

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

PAPPAS, GEORGE G
901 HERCULES AVE., STE D
CLEARWATER FL

9. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

10. 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

[Signature]

Date

11/4/02

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	PAPPAS, GEORGE G	2638 VELVENTOS DR	CLEARWATER FL 33781
MGR	KANTARAS, K. DEAN	3012 SAVANNAH OAKS CIRCLE	TARPONSPRINGS FL 34889
500008595175 10/25/02--01072--001 **150.00			
REINSTATEMENT 2002			
(MK)			

12. 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

[Signature]

Date

10/22/02

Daytime Phone #

(727) 297-8880

Typed or printed name of signing Managing Member/Manager

George G. Pappas