

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

00 MAR -8 PM 12:13

SECRETARY OF STATE
TALLAHASSEE FLORIDA

WZ
3/8

DOCUMENT # L98000001162

1. Limited Liability Company's Name

GeniCon, L.C.

2. Principal Office Address

573 Waterscape Way

Suite, Apt. #, etc.

City & State

Orlando, FL 32828

Zip

32828

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

Florida/United States

**5. Date Organized or Qualified
To Do Business in Florida**

July 1998

6. FEI Number

59-3525726

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

Ivan Iefkowitz Esq.

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

430 North Mills Avenue

Suite, Apt. #, Etc.

City

Orlando

300003164623-2

03/03/00-01108-001

*****150.00 *****150.00

300003164623-2

03/03/00-01108-002

State: FL *****50.00 *****50.00
32803

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 12/30/99

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
Mr.	Peter A. Schultz	509 Oleander Lane	Delray Beach FL 33483
Mr.	Gary W. Haberland	573 Waterscape Way	Orlando FL 32828

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 12-28-99

Daytime Phone # 407 273 7619

Typed or printed name of signing Managing Member/Manager

GARY HABERLAND

CR2001 (9/99)