

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

00 OCT 27 PM 11:02

DOCUMENT # **L98-1477**

1. Limited Liability Company's Name

GEOSURIC, L.C.

REINSTATEMENT 2000

2. Principal Office Address

4301 34th STREET NORTH

Suite, Apt. #, etc.

N/A

City & State

ST. PETERSBURG, FL

Zip

33714

Country

USA

3. Mailing Office Address

4301 34th STREET NORTH

Suite, Apt. #, etc.

N/A

City & State

ST. PETERSBURG, FL

Zip

33714

Country

USA

4. State/Country of Formation

FLORIDA / USA

5. Date Organized or Qualified
To Do Business in Florida

9/98

6. FEI Number

59-3529335

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

William M. ALTON

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

4301 34th STREET NORTH

Suite, Apt. #, Etc.

City

ST. PETERSBURG

State

FL

Zip Code

33714

200003456252-8
-11707700-01127-022
******150.00 ****150.00**

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

William M. Alton

Date **10/23/2000**

REGISTERED AGENT MUST SIGN

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
Member	William M. ALTON	3896 46th AVE SOUTH	ST. PETERSBURG, FL 33711

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

William M. Alton

Date **10/23/2000** Daytime Phone # **727-520-0478 X 223**

Typed or printed name of signing Managing Member/Manager

William M. ALTON

CR2E041 (9/00)