

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 DEC 18 AM 11:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT** 2000

**DOCUMENT #**

L99-1392

**1. Limited Liability Company's Name**

Gensop, L.L.C.

**2. Principal Office Address**

10340 W. Broadview Dr.

Suite, Apt. #, etc.

**3. Mailing Office Address**

10340 W. Broadview Dr.

Suite, Apt. #, etc.

**City & State**

Bay Harbour Island FL

**City & State**

Bay Harbour Island FL

**Zip Country**

33154 U.S.A.

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33154 U.S.A.

**4. State/Country of Formation**

Florida U.S.A.

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

2-26-99

**6. FEI Number**

65-0900666

**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**

Ray Ellen Yarkin

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

10340 W. Broadview Dr.

**Suite, Apt. #, Etc.**

**City**

Bay Harbour Island

**State**

FL

**Zip Code**

33154

**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**

X Ray Ellen Yarkin

**Date** 12-10-00

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
MGRM	Ray Ellen Yarkin	10340 W. Broadview Dr.	Bay Harbour Is FL 33154

**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**

X Ray Ellen Yarkin

**Date** 12-10-00

**Daytime Phone #** 305 866 5803

**Typed or printed name of signing Managing Member/Manager**

Ray Ellen Yarkin