

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 -4 AM 10:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L99000002870**

1. Limited Liability Company's Name

MONEY TALKS.COM, LLC.

2. Principal Office Address **SUITE 300** 3. Mailing Office Address

2451 McMULLEN BOOTH RD.

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

300

City & State

City & State

CLEARWATER, FL.

Zip

Country

Zip

Country

33759 PINELLAS

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

4-99

6. FEI Number

59-3576290

☒ 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

JAMES P. GIEDER

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

1110 E. LEMON ST.

Suite, Apt. #, Etc.

800003493658-9

-12/13/00--01055--021

******155.00 ****155.00**

City

TARPON SPRINGS

State

FL

Zip Code

34689

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

James P. Gieder
REGISTERED AGENT MUST SIGN

Date **Nov. 25, 2000**

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	JAMES P. GIEDER	1110 E. LEMON ST MGRM	TARPON SPRINGS, FL 34689
MGRM	JOSEPH A. GIEDER III	8954 EASTMAN DR MGRM	TAMPA, FL 33626
EMGRM	KEITH P. YESLEY	1948 JEFFORDS ST CLEARWATER, FL MGRM	CLEARWATER, FL 33764

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

Joseph A. Gieder III

Date **11/29/2000**

Daytime Phone # **727-669-8822**

Typed or printed name of signing Managing Member/Manager

JOSEPH A. GIEDER III