

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 NOV -6 PM 1:02

DOCUMENT # L99-7273

1. Limited Liability Company's Name

THE GERMINATION STATION, LLC

2. Principal Office Address

2901 CLINT MOORE RD

Suite, Apt. #, etc.

SUITE 324

City & State

BOCA RATON, FL

Zip

33496

Country

U.S.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

1

Zip

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

Applied For

✓ 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

ANDREW J. RACHLIN

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

2901 CLINT MOORE RD

Suite, Apt. #, Etc.

SUITE 324

City

BOCA RATON

State
FL

Zip Code

33496

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 11/2/00

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
MANAGING MEMBER	ANDREW J. RACHLIN	2901 CLINT MOORE RD #324	BOCA RATON, FL
MEMBER	JOHN M. CLINEDINST	139 MORRISTOWN RD	BERNARDSVILLE, NJ
MEMBER	STEPHEN I. RACHLIN	P.O. BOX 3096 - 106 HAMMON AVE	PALM BEACH, FL

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

[Signature]

Date

11/2/00

Daytime Phone

(561) 654 6358

Typed or printed name of signing Managing Member/Manager

ANDREW J. RACHLIN