

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 NOV 14 AM 10:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900112132889
11/08/07--01061--012 **300.00

CR2E041 (1/07)

DOCUMENT # **M01000001225**

1. Limited Liability Company's Name

techIT Solutions

2. Principal Office Address - No P.O. Box #

1261 White Road

Suite, Apt. #, etc.

3. Mailing Office Address

1261 White Road

Suite, Apt. #, etc.

City & State

Grove City, OH

City & State

Grove City, OH

Zip

43123

Country

USA

Zip

43123

Country

USA

4. State/Country of Formation

OHIO / USA

5. Date Organized or Qualified
To Do Business in Florida

1-25-01

6. FEI Number

31-1754250

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

John Gessman

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

340 W. Central Ave.

Suite, Apt. #, Etc.

Suite 220

City

Winter Haven

State

FL

Zip Code

33880

☐ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

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

John Gessman

REGISTERED AGENT MUST SIGN

Date **10-7-07**

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
MGR	Mark Preston	1261 White Road	Grove City, OH 43123
MGR	John Gessman	340 W. Central Ave Suite 220	Winter Haven, FL 33880

REINSTATEMENT

2004-2007

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

John Gessman

Date **10-7-07**

Daytime Phone # **614-80-0926**

Typed or printed name of signing Managing Member/Manager

John Gessman

863-293-1272

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