

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

99 NOV 29 AM 11:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M98000000230

1. Limited Liability Company's Name

EXPERTS ON SIGAT LLC

REINSTATEMENT 99

2. Principal Office Address

15150 N. HAYDEN

Suite, Apt. #, etc.

110

City & State

SCOTTSDALE, AZ

Zip

85260

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FSI Number

80-0902810

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$500.00 (Fees for reinstatement of business entity status)

8. Name and Address of Current Registered Agent

Name

JOE THOMAS

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

7162 N. KENDALL DR

Suite, Apt. #, Etc.

SUITE # EXPERTS

City

MIAMI

FL

State

Zip Code

33150

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 808, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

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\$\$\$150.00 \$\$\$150.00

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
MEM	MICHAEL GEHART	10319 E. DESERT CINE	SCOTTSDALE, AZ 85260
MEM	GLENN SPINA	15150 N. HAYDEN # 110	SCOTTSDALE, AZ 85260
]			09-29-99

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 808, 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 808.406, 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

Date 10-20-99

Daytime Phone (480) 443-5200 x206

Typed or printed name of signing Managing Member/Manager

MICHAEL GEHART