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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

L02000030523

FILED

1. DOCUMENT # L02000030523

03 DEC -9 AM 9:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Name and Mailing Address

0013758 01 AT 0.292 **AUTO H0 1 0615 34684-440926

PIT CONTROL, L.L.C.
30826 US 19 NORTH
PALM HARBOR FL 34684-4409

CR2E084 (7/03)

2. New Mailing Address City, State, Zip	4. State/Country of Formation: FL 5. Date Organized or Qualified To Do Business in Florida: 11/13/2002
Principal Place of Business: 30826 US 19 NORTH, PALM HARBOR FL 34684 3. New Principal Place of Business Address City, State, Zip	6. FEI Number: 20-0444391 ☐ 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	9. Name and Address of New Registered Agent
MARTIN, DICK 30826 US 19 NORTH PALM HARBOR FL 34684	Name Street Address (P.O. Box Number is Not Acceptable) City: FL Zip Code

10. 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 REQUIRED Date 12/5/03

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	MARTIN, DICK	30826 US 19 NORTH	PALM HARBOR FL 34684
MGR	MARTIN, Patricia	30826 U.S. 19 No	Palm Harbor FL 34684

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12/09/03--01003--004 **150.00

REINSTATEMENT 2003

12. 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 REQUIRED Date 12/5/03 Daytime Phone # 727-785-4995

Typed or printed name of signing Managing Member/Manager