M04000000815

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LIMITED LIABILITY REINSTATEMENT
PMAB, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$1,210.00

RECEIVED
12 APR 16 PM 12:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
12 APR 16 AM 9:03
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APR 17 2012
EXAMINER

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
12 APR 16 AM 9:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/11)

DOCUMENT # M04000000815

1. Limited Liability Company's Name
PMAB, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
5970 FAIRVIEW RD, STE 712	5970 FAIRVIEW RD, STE 712
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: CHARLOTTE , NC	City & State: CHARLOTTE , NC
Zip: 28210 Country: USA	Zip: 28210 Country: USA

4. State/Country of Formation: NC

5. Date Organized or Qualified To Do Business in Florida: 02/26/2004

6. FEI Number: ☐ 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: C T CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable): 1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, Etc.:

City: PLANTATION FL | State: FL | Zip Code: 33324

E-mail Address: cparr@pmab.com
(To be used for future annual report notices)

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 Joanne Nelson Date 4/16/12
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Manager Member	Michael W. Coffey	17152 Piermont Street	Davidson, NC 28036
Manager Member	Richard Matthew Parr	16615 Pioneer Mill Road	Concord, NC 28025
Manager Member	Christopher R. Jones	5938 Dillchester Road	Charlotte, NC 28215

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 608.408, 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; I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager Richard Matthew Parr Date 3/21/12 Daytime Phone # 704-895-1144

Typed or printed name of signing Managing Member/Manager Richard Matthew Parr

FL110 - 01/19/2011 C T System Online