

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 OCT 21 AM 10:21

DOCUMENT # **L0000000 3098**

1. Limited Liability Company's Name

Palm Coast Electronics, L.C.

400060853734

10/21/05--01026--027 **205.00

CR2E041 (8/05)

2. Principal Office Address

5221 SW 38 Way

Suite, Apt. #, etc.

3. Mailing Office Address

5221 SW 38 Way

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

City & State

Ft. Lauderdale, FL

Zip

33312

Country

Broward

Zip

33312

Country

Broward

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

03/15/2000

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

Randy L Hathaway

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

5221 SW 38 Way

Suite, Apt. #, Etc.

City

Ft. Lauderdale, FL

State

FL

Zip Code

33312

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

Date **10/19/2005**

REGISTERED AGENT MUST SIGN

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	Randy L Hathaway	5221 SW 38 Way	Ft. Lauderdale, FL 33312

REINSTATEMENT 04-05

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

Date **10/19/2005** Daytime Phone # **954-518-9944**

Typed or printed name of signing Managing Member/Manager **Randy L Hathaway**