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
06 NOV 28 AM 9:24

DOCUMENT # L00000004202

1. Limited Liability Company's Name
Pilar, LLC

CR2E041 (8/05)

2. Principal Office Address	3. Mailing Office Address
1447 Palma Blanca ct	1447 Palma Blanca ct
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Naples, FL	City & State: Naples, FL
Zip: 34119 Country: Collier	Zip: 34119 Country: Collier

4. State/Country of Formation: ~~Collier~~, ~~NM~~ FL, USA

5. Date Organized or Qualified To Do Business in Florida: 4-12-00

6. FEI Number: 593648048 ☐ 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: Suzanna & Ceasar Marston

Street Address (P.O. Box Number is Not Acceptable): 1447 Palma Blanca Ct.

Suite, Apt. #, Etc.

City: Naples, FL State: FL Zip Code: 34119

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: Suzanna Marston Date: 11-18-06
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	Suzanna Marston	1447 Palma Blanca	Naples, FL 34119
MGRM	Ceasar Marston	1447 Palma Blanca ct	Naples, FL 34119
		REINSTATEMENT 04-06	
		700092099377 11/29/06--01031--001 **250.00	

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: Suzanna Marston Date: 11-18-06 Daytime Phone # 239-566-8654

Typed or printed name of signing Managing Member/Manager: _____