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TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATION

LIMITED LIABILITY REINSTATEMENT

PMP PROPERTIES LIMITED COMPANY

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	~~$305.00~~ $205.00

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J. BRYAN JUL 19 2004

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000005517

1. Limited Liability Company's Name
PMP Properties Limited Company

2. Principal Office Address	3. Mailing Office Address
1730 Kings Highway	1730 Kings Highway
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Kissimmee, FL	City & State: Kissimmee, FL
Zip: 34744 Country: Osceola	Zip: 34744 Country: Osceola

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: May 9, 2000

6. FEI Number: 59-3654817 ☐ 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: KASEEM PENN

Street Address (P.O. Box Number is Not Acceptable): 1730 Kings Highway

Suite, Apt. #, Etc.:

City: Kissimmee, FL State: FL Zip Code: 34744

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 7/16/04

REGISTERED AGENT MUST SIGN

CR2E041(10-02)

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
MGRM	Kaseem Penn	1730 Kings Highway	Kissimmee, FL 34774
MBR	Kory Penn	1730 Kings Highway	Kissimmee, FL 34774
MBR	Kai Moolenaar	1618 Hartland Dr.	Decatur GA 30033

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.

Signature of Managing Member/Manager _____ Date 7/16/04 Daytime Phone # 407-463-4273

Typed or printed name of signing Managing Member/Manager: Kaseem Penn

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