

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

2002 DEC 31 AM 8:00
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. DOCUMENT # L00000014749

Name and Mailing Address

0010773 01 FP 0.352 **PRSRT HO 0 0615 34994

PC&C INVESTMENT SERVICES, LLC
33 FLAGLER AVE.
STUART FL 34994

100009769681
12/31/02--01063--002 **150.00



2. New Mailing Address

City, State, Zip

Principal Place of Business

33 FLAGLER AVE.
STUART FL 34994

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

11/27/2000

6. FEI Number

65-1052013

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

PROCTOR, GORDON O
33 FLAGLER AVE.
STUART FL 34994

9. Name and Address of New Registered Agent

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

Gordon Proctor

Date

12/23/02

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 |
|----------|--------------------------------------|---|-----------------------|
| P | PROCTOR, GORDON O | 1110 N.E. TOWN TERRACE | JENSEN BEACH FL 34957 |
| VT | CROOK, T. MICHAEL | 33 FLAGLER AVE. | STUART FL 34994 |
| D | CROWDER-MCCOY, NANCY B | 33 FLAGLER AVE. | STUART FL 34994 |
| D | PAYNE, KEVIN M | 33 FLAGLER AVE. | STUART FL 34994 |
| D | LAYCOCK, TODD J | 33 FLAGLER AVE. | STUART FL 34994 |
| D | SANDERS, WAYNE S | 33 FLAGLER AVE. | STUART FL 34994 |

REINSTATEMENT

2002

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. and 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

Gordon Proctor

Date

12/23/02

Daytime Phone #

372-283-2356

Typed or printed name of signing Managing Member/Manager

CR2E084 (8/02)

