

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L01000000582

APPLICATION
FOR
REINSTATEMENT

DIVISION OF CORPORATIONS

FILED

03 NOV -5 PM. 3: 55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000000582

Name and Mailing Address

0015235 01 MB 0.309 **AUTO T7 0 0615 02703-334210



PMB, LLC

10 SUNSET RD.

ATLEBORO MA 02703-3342

BK



| | | | |
|---|--|--|-------------------------------|
| 2. New Mailing Address <u>P.O. Box 3107</u> | | 4. State/Country of Formation FL | |
| City, State, Zip <u>So Attleboro, MA 02703</u> | | 5. Date Organized or Qualified To Do Business in Florida 01/11/2001 | |
| Principal Place of Business 10 SUNSET RD. ATLEBORO MA 02703 | 3. New Principal Place of Business Address City, State, Zip | 6. FEI Number 58-2604202 | Applied For Not Applicable |
| | | 7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status | |

CR2E034 (7/03)

| | |
|---|---|
| 8. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525 | 9. Name and Address of New Registered Agent Name <u>PAUL BOURQUE</u> Street Address (P.O. Box Number is Not Acceptable) <u>112 BIG SPRING DRIVE</u> City <u>NAPLES</u> FL Zip Code <u>34113</u> |
|---|---|

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 *Paul Bourque* Date 11-4-03

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 |
| MGRM | BOURQUE, RAYMOND BOURQUE | 10 SUNSET RD | ATLEBORO MA 02703 Attleboro, MA 02703 |
| MGRM | BOURQUE, PAUL BOURQUE | 112 BIG SPRING DRIVE | NAPLES FL 34113 |
| | | | 600024616346 11/13/03--01002--013 **150.00 |
| REINSTATEMENT 2003 | | | |
| <i>BK</i> | | | |

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. 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 *Raymond Bourque* 10/24/03 Daytime Phone # 508-399-7634

Typed or printed name of signing Managing Member/Manager RAYMOND BOURQUE