

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 JUN 16 AM 9:39

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L01000001828

1. Limited Liability Company's Name

PGR LLC

2. Principal Office Address

5880 WEST SAMPLE RD

3. Mailing Office Address

5880 WEST SAMPLE RD

Suite, Apt. #, etc.

307

Suite, Apt. #, etc.

City & State

CORAL SPRINGS FL

City & State

Zip

33067

Country

BROWARD

Zip

Country

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

06/2002

6. FFL Number

59-3704659

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

JEAN DUCHETELIER

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

5880 WEST SAMPLE RD

Suite, Apt. #, Etc.

307

City

CORAL SPRINGS

State

FL

Zip Code

33067

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

Jean Duchetelier
REGISTERED AGENT MUST SIGN

Date 06/07/2006

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
P	JEAN DUCHETELIER	5880 WEST SAMPLE RD	CORAL SPRINGS FL 33067
V	REGINA THEODORE	2590 REVERSIDE DR	CORAL SPRINGS FL 33065

100076535781
06/23/06--01058--006 **350.00

REINSTATEMENT 02-06

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

Jean Duchetelier

Date 06/07/2006

Daytime Phone # 954-444-8352

Typed or printed name of signing Managing Member/Manager