

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2005 JAN 14 PM 2: 03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000012559

1. Limited Liability Company's Name

P.G. Enterprises, LLC

2. Principal Office Address

7273 Skycrest st.

Suite, Apt. #, etc.

City & State

Englewood FL

Zip

34224

Country

Charlotte

3. Mailing Office Address

7273 Skycrest st.

Suite, Apt. #, etc.

City & State

Englewood FL

Zip

34224

Country

US

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

7/27/01

6. FEI Number

65-11225178

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

Paula Oulman

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

7273 Skycrest St.

Suite, Apt. #, Etc.

City

Englewood

State

FL

Zip Code

34224

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

Paula Oulman

Date 11-11-04

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	Gary E. Oulman Jr.	7273 Skycrest St.	Englewood, FL 34224
MGRM	Paula Oulman	7273 Skycrest St.	Englewood, FL 34224
REINSTATEMENT 04			
200042752832			
11/15/04--01066--003 **150.00			

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

Paula Oulman

Date 11-11-04

Daytime Phone #

941-473-9694

Typed or printed name of signing Managing Member/Manager

Paula Oulman

CR2E041 (10/02)