

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

DIVISION OF CORPORATIONS

FILED

03 NOV 13 PM 3:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000001881

Name and Mailing Address

0014041 01 AT 0.292 **AUTO T1 0 0615 33914-730217

P T & W HOLDING COMPANY LLC
1217 W. CAPE CORAL PARKWAY - #174
CAPE CORAL FL 33914-7302

2. New Mailing Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

01/25/2002

Principal Place of Business

1217 W. CAPE CORAL PARKWAY
CAPE CORAL FL

3. New Principal Place of Business Address

- #174

City, State, Zip

6. FEI Number

02-0539171

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐\$5.00 Additional Fee required
for a Certificate of Status

CR2E084 (7/03)

8. Name and Address of Current Registered Agent

BRITT, JOYCE
1217 W. CAPE CORAL PARKWAY - #174
CAPE CORAL FL

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

REQUIRED
REGISTERED AGENT MUST SIGN

Date

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
MM	Britt, Joyce	1217 W. Cape Coral Parkway #174	Cape Coral, FL 33914

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REINSTATEMENT 03

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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

REQUIRED

Date 28 Oct 03

Daytime Phone # 239.565.6391

Typed or printed name of signing Managing Member/Manager