

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # L020000001982

1. Limited Liability Company's Name

PVM, LLC

REINSTATEMENT

2003-
2004

W 09/20/04

2. Principal Office Address

601 N. NEW YORK AVE.

3. Mailing Office Address

601 N. NEW YORK AVE.

Suite, Apt. #, etc.

SUITE 200

Suite, Apt. #, etc.

SUITE 200

City & State

WINTER PARK FL

City & State

WINTER PARK FL

Zip

32789

Country

USA

Zip

32789

Country

USA

4. State/Country of Formation

ORANGE

5. Date Organized or Qualified
To Do Business in Florida

01/28/2002

6. FEI Number

02-0552857

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

M. A. GARCIA III

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

601 N. NEW YORK AVENUE

Suite, Apt. #, Etc.

SUITE 200

City

WINTER PARK

State

FL

Zip Code

32789

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

Date 08/25/2004

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	M. A. GARCIA III	601 N. NEW YORK AVE. STE 200	WINTER PARK FL 32789
MGRM	HAL VALDES	2215 TRADEPORT DRIVE	ORLANDO FL 32824
M	ANTHONY S. PACE	2215 TRADEPORT DRIVE	ORLANDO FL 32824
M	GFP PROPERTIES LTD.	601 N. NEW YORK AVE. STE 200	WINTER PARK FL 32789

REINSTATEMENT

2003-
2004

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

Date 08/25/2004

Daytime Phone # 407-647-4300

Typed or printed name of signing Managing Member/Manager M. A. GARCIA III, MGR

CR2E041 (10/02)