

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 DEC 10 PM 4:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (10/08)

DOCUMENT # L02000005721

1. Limited Liability Company's Name

PBP Trust, LLC

2. Principal Office Address - No P.O. Box #

9191 RG Skinner Pkwy

Suite, Apt. #, etc.

Suite 202

City & State

Jacksonville, FL

Zip

32256

Country

USA

3. Mailing Office Address

-same-

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

Florida/Duval/USA

5. Date Organized or Qualified

To Do Business in Florida 3/11/2002

6. FEI Number

26-3839676

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

John McE. Miller, Esq., General Counsel

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

9191 RG Skinner Pkwy

Suite, Apt. #, Etc.

Suite 202

City

Jacksonville

State

FL

Zip Code

32256

☒ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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

John McE. Miller

REGISTERED AGENT MUST SIGN

Date *Dec. 8, 2008*

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	Park Beeler, CEO	9191 RG Skinner Pkwy, Suite 202	Jacksonville, FL 32256

12/10/08--01027--030 **138.75

REINSTATEMENT 08

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

Park Beeler

Date 12/8/2008

Daytime Phone# (904) 910-3024

Typed or printed name of signing Managing Member/Manager Park Beeler, CEO