

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
03 DEC -9 PM 3:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000013415

Name and Mailing Address

0001451 01 AT 0.292 \*\*AUTO T7 3 0615 32173-053535



PNL PRODUCE, L.L.C.

P.O. BOX 730535

ORMOND BEACH FL 32173-0535



2. New Mailing Address

City, State, Zip

Principal Place of Business

520 NORTH BEACH STREET  
DAYTONA BEACH FL 32114

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation  
FL

5. Date Organized or Qualified  
To Do Business in Florida

05/31/2002

6. FEI Number

03 0454563

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

PALMETTO CHARTER SERVICES, INC.  
150 MAGNOLIA AVENUE  
DAYTONA BEACH FL 32114

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

**SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date 12/8/03

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
MGR	LAZECKI, PAUL	P.O. BOX 730535	ORMOND BEACH FL 32173

**REINSTATEMENT** 2003  
BK

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

**SIGNATURE REQUIRED**

Date

11/17/03

Daytime Phone #

386 252 7948

Typed or printed name of signing Managing Member/Manager

PAUL N. LAZECKI

CR2E094 (7/03)