

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 28 PM 5:15
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

10/28 2003

DOCUMENT # L02000015208

1. Limited Liability Company's Name

PCCS, LLC

2. Principal Office Address

7820 Arlington Expressway

Suite, Apt. #, etc.

640

City & State

Jacksonville, FL

Zip

32211

Country

Duval

3. Mailing Office Address

7820 Arlington Expressway

Suite, Apt. #, etc.

640

City & State

Jacksonville, FL

Zip

32211

Country

Duval

4. State/Country of Formation

**5. Date Organized or Qualified
To Do Business in Florida**

6. FEI Number
02-063-2900

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

Crabtree, R.R.

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

8777 San Jose Blvd, Building A,

Suite, Apt. #, Etc.

200

City

Jacksonville

State
FL

Zip Code
32217

700024186907

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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

10/13/03

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
MGRM	Pitman, Ernest H.	7820 Arlington Expressway #640	Jacksonville, FL 32211

REINSTATEMENT 2003

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 10/20/03

Daytime Phone# 904-724-3546

Typed or printed name of signing Managing Member/Manager