

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 APR 23 PM 4:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

200031085842

03/24/04--01065--006 \*\*150.00

DOCUMENT #

620000/6195

1. Limited Liability Company's Name

PA Spencer Properties, LLC

2. Principal Office Address

1897 CC-NE

Suite, Apt. #, etc.

Suite D

City & State

Tall FL

Zip

32308

Country

Leon

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

FL Leon

5. Date Organized or Qualified  
To Do Business in Florida

03/15/04

6. FEI Number

39-3660124

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

Pat A Spencer

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

1897 CC NE Suite D

Suite, Apt. #, Etc.

Tall FL

City

State

FL

Zip Code

32308

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

Pat A Spencer

Date 03/15/04

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
owner	PAT A Spencer	SAM as above	

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

Pat A

Date

03/15/04

Daytime Phone #

850-888-8720

Typed or printed name of signing Managing Member/Manager