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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

1. DOCUMENT # L02000019113

Name and Mailing Address

0001452 01 AT 0.292 **AUTO T7 3 0615 32173-053535



PNL HOLDINGS, L.L.C.

P.O. BOX 730535

ORMOND BEACH FL 32173-0535

BK

FILED
03 DEC -9 PM 3:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 07/29/2002	
Principal Place of Business P.O. BOX 730535 ORMOND BEACH FL 32173	3. New Principal Place of Business Address	6. FEI Number 04-3706098	Applied For Not Applicable
City, State, Zip		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent PALMETTO CHARTER SERVICES, INC. 150 MAGNOLIA AVE. DAYTONA BEACH FL 32114		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 900925438409 12/11/03--01055--008 **300.00 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 <u>SIGNATURE REQUIRED</u> Date 12/1/03 REGISTERED AGENT MUST SIGN			
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 MK			
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		Date 11/17/03 Daytime Phone # 386 547 0169	
Typed or printed name of signing Managing Member/Manager		PAUL N. LAZECKI	

CR2E084 (7/03)