

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 FEB 20 PM 12:15

400117825504
02/12/08--01013--009 **311.25

CR2E041 (12/07)

DOCUMENT # L02000019373

1. Limited Liability Company's Name

Pensacola Equities, LLC c/o Steven M. Eisner
76 Euclid Avenue, Suite 101
Haddonfield, NJ 08033

W08000004494

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

Steven M. Eisner

Suite, Apt. #, etc.

76 Euclid Ave., Suite 101

City & State

Haddonfield, NJ

Zip

08033

Country

USA

3. Mailing Office Address

76 Euclid Avenue

Suite, Apt. #, etc.

Suite 101

City & State

Haddonfield, NJ

Zip

08033

Country

USA

4. State/Country of Formation

USA

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

14-1841390

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

Steven M. Eisner

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

9543 Cypress Hammock Circle

Suite, Apt. #, Etc.

Unit 201

City

Bonita Springs

State

FL

Zip Code

34135

☒ 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

REGISTERED AGENT MUST SIGN

Date

1/18/08

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-Mr.	Steven M. Eisner	76 Euclid Avenue	Haddonfield, NJ 08033

200115892212
01/23/08--01031--004 **243.75

REINSTATEMENT 2005 - 2008

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

1/18/08

Daytime Phone #

056-354-

Typed or printed name of signing Managing Member/Manager

Steven M. Eisner

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