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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

L02000025281

APPLICATION FOR REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 DEC 16 PM 4:05

1. DOCUMENT # L02000025281

Name and Mailing Address

0001228 01 AT 0.292 **AUTO T6 3 0615 32086-648725

PACETTI VENTURES, LLC
3125 US 1 SOUTH
~~ST. PETERSBURG~~ FL 32086-6487
ST AUGUSTINE

REINSTATEMENT 2003

CR2E084 (7/03)

2. New Mailing Address: PO Box 1180	4. State/Country of Formation: FL
City, State, Zip: HASTINGS, FL 32145	5. Date Organized or Qualified To Do Business in Florida: 09/26/2002
Principal Place of Business: 3125 US 1 SOUTH, ST. ~~PETERSBURG~~ FL 32086, AUGUSTINE	3. New Principal Place of Business Address: 101 ASHLAND AVE.
City, State, Zip: HASTINGS, FL 32145	6. FEI Number: 22-3873676 — 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	9. Name and Address of New Registered Agent
STERLING, MAURICE 112 GREENBRIAR ROAD PALATKA FL 32177-8877	Name Street Address (P.O. Box Numbers Not Acceptable): SAME 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 — 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	STERLING, MAURICE	112 GREENBRIAR ROAD	PALATKA FL 32177-8877
MEM	BUSBEE, SUZANNE	105 CARCABA RD	ST. AUGUSTINE FL 32084
	REINSTATEMENT 2003		

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12/16/03--01072--013 **150.00

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: 12/1/03 — Daytime Phone #: 386-329-4320

Typed or printed name of signing Managing Member/Manager