

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000029977

1. Limited Liability Company's Name

PEETSA, LLC

000172216310
03/15/10--01052--006 **516.25
CR2E041 (11/09)

2. Principal Office Address - No P.O. Box #
5010 DOCKSIDE DRIVE

3. Mailing Office Address
SAME

Suite, Apt. #, etc.
APT 201

Suite, Apt. #, etc.

City & State
FORT MYERS, FLORIDA

City & State

Zip Country
33919 USA

Zip Country

4. State/Country of Formation
FLORIDA

5. Date Organized or Qualified
To Do Business in Florida 11/08/2002

6. FEI Number ☐ 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
DENNIS J LUMSDEN

Street Address (P.O. Box Number is Not Acceptable)
6719 WINKLER ROAD

Suite, Apt. #, Etc.
SUITE 121

City State Zip Code
FORT MYERS FL 33919

☐ 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 [Signature]
REGISTERED AGENT MUST SIGN

Date 3-12-2010

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
MGMR	EDWARD R ANDRUS	5010 DOCKSIDE DRIVE, 201	FORT MYERS, FL 33919

REINSTATEMENT 08/10
KZ

11. E-mail Address: and299@aol.com

(To be used for future annual report notifications)

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 Edward R Andrus Date 3/12/10 Daytime Phone # 847-287-0700

Typed or printed name of signing Managing Member/Manager