

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**

**FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **L020000031395**

1. Limited Liability Company's Name

**PWT LLC**

800159190148  
08/19/09--01021--012 \*\*416.25

800159190148  
08/03/09--01005--021 \*\*130.00

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box # <b>2 VACATION DR</b>		3. Mailing Office Address <b>P O Box 355</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>VENUS, FL</b>		City & State <b>VENUS, FL</b>	
Zip <b>33960</b>	Country <b>USA</b>	Zip <b>33960</b>	Country <b>USA</b>

4. State/Country of Formation <b>FL. USA</b>	
5. Date Organized or Qualified To Do Business in Florida <b>11/21/2002</b>	
6. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee required for a Certificate of Status</b>	

8. Name and Address of Current Registered Agent

Name  
**G. RANDOLPH MILLER**

Street Address (P.O. Box Number is Not Acceptable)  
**2 VACATION DR**

Suite, Apt. #, Etc.

City  
**VENUS, FL**

State  
**FL**

Zip Code  
**33960**

☒ 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.

FILED  
AUG 19 2009  
RECEIVED

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 **G. Randolph Miller** Date **7/30/09**

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
MEM	<b>G RANDOLPH MILLER</b>	<b>2 VACATION DR</b>	<b>VENUS, FL 33960</b>
MEM	<b>SHARON MILLER</b>	<b>2 VACATION DR</b>	<b>VENUS, FL 33960</b>
			<b>S. HAWKES</b>
			<b>AUG 19 2009</b>
			<b>EXAMINER</b>
	<b>2007-09</b>	<b>516.25</b>	<b>amount due 386.25 + 30.00</b>

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 **G. Randolph Miller** Date **7/30/09** Daytime Phone # **863-243-1854**

Typed or printed name of signing Managing Member/Manager **G. RANDOLPH MILLER**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 6, 2009

G RANDOLPH MILLER  
PO BOX 353  
VENUS, FL 33960

SUBJECT: PWT, LLC  
Ref. Number: L02000031395

We have received your document for PWT, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the above referenced limited liability company is no longer available. Please file an amendment changing the name of this entity. The fee to file an amendment is \$25.00.

In order to complete your filings, both the reinstatement application and name change amendment must be submitted together along with the applicable fees for processing.

The total amount due to reinstate without penalty is \$416.25.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6955.

Suzanne Hawkes  
Regulatory Specialist II

Letter Number: 909A00026942