

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 NOV 20 PM 12:00

1. DOCUMENT # L02000033816

Name and Mailing Address

0004328 01 AT 0.292 **AUTO TB 0 0615 32963-160817



PJ OF INDIAN RIVER, LLC
C/O MR. KENNETH G. PUTTICK
917 BEACHLAND BOULEVARD
VERO BEACH FL 32963-1608

300025038753
11/25/03--01050--027 **150.00



2. New Mailing Address

City, State, Zip

4. State/Country of Formation
FL

5. Date Organized or Qualified
To Do Business in Florida 12/16/2002

Principal Place of Business
C/O MR. KENNETH G. PUTTICK
917 BEACHLAND BOULEVARD
VERO BEACH FL 32963

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number
55-0823777
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

CALDWELL, WILLIAM W ESQ
COLLINS BROWN CALDWELL BARKETT & GARAVAGLI
756 BEACHLAND BOULEVARD
VERO BEACH FL 32963

9. Name and Address of New Registered Agent

Name

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

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 *W.W. Caldwell* **SIGNATURE REQUIRED**
REGISTERED AGENT MUST SIGN

Date

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
<i>MANAGING Member</i>	<i>Kenneth G. Puttick</i>	<i>917 BEACHLAND Blvd</i>	<i>Vero Beach, FL 32963</i>

REINSTATEMENT

03
dec

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 *10/16/03*

Daytime Phone # *772-234-8665*

Typed or printed name of signing Managing Member/Manager

Kenneth G. Puttick

CR2E084 (7/03)