

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2004 DEC 22 AM 10:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # LD3000004554

1. Limited Liability Company's Name

P & P, LLC

400043581524
12/22/04--01024--004 **150.00

2. Principal Office Address

125 Marion Lane

Suite, Apt. #, etc.

City & State

Casselberry, FL 32707

Zip

32707

Country

Seminole

3. Mailing Office Address

125 Marion Lane

Suite, Apt. #, etc.

City & State

Casselberry, FL 32707

Zip

32707

Country

Seminole

4. State/Country of Formation

Florida

**5. Date Organized or Qualified
To Do Business in Florida**

02/06/03

6. FEI Number

None

Applied For

X

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

Patrick Presco

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

125 Marion Lane

Suite, Apt. #, Etc.

City

Casselberry

State

FL

Zip Code

32707

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

Patrick Presco

REGISTERED AGENT MUST SIGN

Date

12-16-04

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
MGRM	Patrick Presco	125 Marion Lane	Casselberry, FL 32707

REINSTATEMENT 04

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

Patrick Presco

Date

12-16-04

Daytime Phone #

407-620-2670

Typed or printed name of signing Managing Member/Manager

Patrick Presco

CR2E041 (10/02)