

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 SEP 26 PM 4:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/07)

DOCUMENT # L03060013353

1. Limited Liability Company's Name

Pangaeus Consulting, LLC

2. Principal Office Address - No P.O. Box #

10017 Bentley Way

Suite, Apt. #, etc.

3. Mailing Office Address

10017 Bentley Way

Suite, Apt. #, etc.

City & State

Tampa FL

Zip

33626

Country

USA

City & State

Tampa FL

Zip

33626

Country

USA

4. State/Country of Formation

Florida USA

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

4/13/03

6. FEI Number

200010275

☐ 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

Stephen Perron

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

10017 Bentley Way

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33626

☐ 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**

Stephen Perron

REGISTERED AGENT MUST SIGN

Date 9/20/07

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
MG MB	Stephen Perron	10017 Bentley Way	Tampa FL 33626

REINSTATEMENT

2007

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09/24/07--01070--002 **150.00

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**

Stephen Perron

Date 9/20/07

Daytime Phone # 8137272215

Typed or printed name of signing Managing Member/Manager

Stephen Perron