

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2004 OCT 25 AM 8:06

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # L03000013764

1. Limited Liability Company's Name

Pyramid Managment, LLC

2. Principal Office Address

444 Seabreeze Blvd.

Suite, Apt. #, etc.

Ste. 900

City & State

Daytona Beach, FL

Zip

32118

Country

USA

3. Mailing Office Address

444 Seabreeze Blvd.

Suite, Apt. #, etc.

Ste. 900

City & State

Daytona Beach, FL

Zip

32118

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

04/16/03

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

Charles D. Hood, Jr.

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

444 Seabreeze Blvd.

Suite, Apt. #, Etc.

Ste 900

City

Daytona Beach

State

FL

Zip Code

32118

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

REGISTERED AGENT MUST SIGN

Date

10/19/04

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
MGR	Charles D. Hood, Jr.	444 Seabreeze Blvd., Ste 900	Daytona Beach, FL. 32118

REINSTATEMENT

2004

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

Date

10/19/04

Daytime Phone #

386-254-6875

Typed or printed name of signing Managing Member/Manager

Charles D. Hood, Jr.

CR2ED41 (10/02)