

2006

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONSFILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 SEP 14 AM 10:06

DOCUMENT

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1. Limited Liability Company's Name

Pearl After Pearl, LLC

100080313781
08/29/06--01069--013 **200.00

CR2E041 (8/05)

2. Principal Office Address

418 Surrey Dr

3. Mailing Office Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Gulf Breeze, FL

City & State

Zip

32561

Country

USA

Zip

Country

4. State/Country of Formation

Escambia
FL / Santa Rosa5. Date Organized or Qualified
To Do Business in Florida

4/04

6. FEI Number

67-8013638147-6

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

Jana Deluca

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

418 Surrey Dr.

Suite, Apt. #, Etc.

City

Gulf Breeze, FL

State

FL

Zip Code

32561

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

Jana Deluca

Date

9/22/06

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
Pres.	Jana Deluca	418 Surrey Dr.	Gulf Breeze, FL 32561

REINSTATEMENT 05-06

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

Jana Deluca

Date

9-22-06

Daytime Phone #

850-934-8090

Typed or printed name of signing Managing Member/Manager

Jana Deluca