L03000023149

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 DEC 15 AM 8:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (8/05)

DOCUMENT # L03000023149

1. Limited Liability Company's Name
PK Real Estate Holdings, LLC

2. Principal Office Address		3. Mailing Office Address	
283 San Marco Ave		283 San Marco Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: St. Augustine, FL		City & State: St. Augustine, FL	
Zip: 32095	Country: USA	Zip: 32095	Country: USA

4. State/Country of Formation: Florida / USA

5. Date Organized or Qualified To Do Business in Florida: 06/25/2003

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: Geiger, Allan T.
Street Address (P.O. Box Number is Not Acceptable): 1301 Riverplace Boulevard
Suite, Apt. #, Etc.: Suite 1500
City: Jacksonville | State: FL | Zip Code: 32207

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: [signature] Date: 12/12/05
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
MGRM	Parker, Bryan	283 San Marco Avenue	St. Augustine,FL 32095
MGRM	Kimbrough, James H. Jr.	283 San Marco Avenue	St. Augustine, FL 32095

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Reinstatement 04-05
MC 12/15

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: [signature] Date: 12/12/05 Daytime Phone #: 904-824-9181

Typed or printed name of Signing Managing Member/Manager: Bryan C. Parker