

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L03000026314

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 SEP 28 PM 4:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000026314

1. Limited Liability Company's Name
PACIFIC EQUITY TRUST COMPANY LLC

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2. Principal Office Address 1111 Lincoln Road		3. Mailing Office Address 1111 Lincoln Road	
Suite, Apt. #, etc. Suite 400		Suite, Apt. #, etc. Suite 400	
City & State Miami Beach FL		City & State Miami Beach FL	
Zip 33139	Country Dade	Zip 33139	Country Dade

4. State/Country of Formation FLORIDA/USA	
5. Date Organized or Qualified To Do Business in Florida 07/18/2003	
6. FEI Number 13-4308394	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 EUGENE J. HOWARD, Esquire	
Street Address (P.O. Box Number is Not Acceptable) 1111 Lincoln Road	
Suite, Apt. #, Etc. Suite 400	
City MIAMI BEACH	State Zip Code FL 33139

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 *Eugene J. Howard* Date **9-22-06**

Eugene J. Howard, Esquire

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	EUGENE J. HOWARD	1111 Lincoln Road#400	MIAMI BEACH FL 33139
MGR	DAVID SAMUELS	1111 Lincoln Road#400	MIAMI BEACH FL 33139
			000080458190 10/04/06 01020 001 ***155.00

REINSTATEMENT 2006

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 608.405, 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 *Eugene J. Howard* Date **9/22/06** Daytime Phone # **305-538-6361**

Typed or printed name of signing Managing Member/Manager **Eugene J. Howard, MGR**