

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L03000030065

1. Limited Liability Company's Name

P & S, LLC

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

6125 North Ocean Blvd

3. Mailing Office Address

2212 B Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ocean Ridge, FL

City & State

Meridian, MS

Zip

33435

Country

USA

Zip

39301

Country

USA

4. State/Country of Formation

Florida

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

08/13/2003

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

C T Corproation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

☒ 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**

Kathleen Odum

REGISTERED AGENT MUST SIGN

Asst. Secy.

Date 12/12/2007

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	Palm Irrevocable Trust	6125 North Ocean Blvd	Ocean Ridge, FL 33435

REINSTATEMENT 05, 06, 07

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.

PALM IRREVOCABLE TRUST

Signature of

Managing Member/Manager

By: Sherry Broadhead
Sherry Broadhead, Co-Trustee

Date

12/12/07

Daytime Phone #

601-693-0602

Typed or printed name of signing Managing Member/Manager