

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

09 JUN 11 AM 9:59

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # 1030000 31985

1. Limited Liability Company's Name

PMAC investments LLC

700156131967  
05/18/09--01029--012 \*\*377.50

CR2E041 (10/08)

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

445 Indian Creek Dr

Suite, Apt. #, etc.

3. Mailing Office Address

445 Indian Creek Dr.

Suite, Apt. #, etc.

City & State

Cocoa Beach, FL

City & State

Cocoa Beach, FL

Zip

32931

Country

U.S.A.

Zip

32931

Country

U.S.A.

4. State/Country of Formation

FL., Brevard

5. Date Organized or Qualified  
To Do Business in Florida

8-21-2003

6. FEI Number

Applied For

☒ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

☐ 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.

8. Name and Address of Current Registered Agent

Name

Peter A. MacDonald

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

445 Indian Creek Dr.

Suite, Apt. #, Etc.

City

Cocoa Beach

State

FL

Zip Code

32931

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

Peter MacDonald

Date

6/5/09

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
	<u>Peter A. MacDonald</u>	<u>445 Indian Creek Dr.</u>	<u>Cocoa Beach, FL 32931</u>
			<u>700156131967</u>
			<u>06/11/09--01006--012 **138.75</u>
			<u>06/11/09--01006--012 **138.75</u>
		<u>07-09</u>	

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

Peter MacDonald

Date

5/14/09

Daytime Phone #

(321) 917-2133

Typed or printed name of signing Managing Member/Manager

PETER MACDONALD

JUN 11 2009