

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 APR 22 PM 12:06

DOCUMENT # L03000044768

1. Limited Liability Company's Name

PIXIE MANAGEMENT & DEVELOPMENT, LLC

CR2E041 (12/07)

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

2805 E. OAKLAND PARK BLVD

Suite, Apt. #, etc.

247

City & State

FORT LAUDERDALE, FL

Zip

33306

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

FLORIDA, USA

5. Date Organized or Qualified
To Do Business in Florida

11/17/2003

6. FEI Number

26-2383522

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

PEGGY WILLIAMS

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

2841 N.E. 35TH CT

Suite, Apt. #, Etc.

City

FORT LAUDERDALE, FL

State

FL

Zip Code

33308

☐ 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

Peggy Williams

Date **04/10/08**

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
<i>mg/m</i>	PEGGY WILLIAMS	2841 N.E. 35TH CT.	FORT LAUDERDALE, FL 33308

04/10/08

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04/22/08--01028--005 **793.75

REINSTATEMENT

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

Peggy Williams

Date **04/10/08**

Daytime Phone # **(954) 701-8539**

Typed or printed name of signing Managing Member/Manager **PEGGY WILLIAMS**