

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

09 OCT 23 AM 10:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

100162079601  
10/23/09--01040--004 \*\*143.75

CR2E041 (12/07)

DOCUMENT # L03000051533

1. Limited Liability Company's Name

PETER HOLDEN L.L.C. 09

2. Principal Office Address - No P.O. Box 618

1844 N. NOB HILL RD

Suite, Apt. #, etc.

# 618

City & State

PLANTATION, FL

Zip

33322

Country

BROWARD

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

FL, BROWARD

5. Date Organized or Qualified

To Do Business in Florida 12-5-03

6. FEI Number

913-583525

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

GERALD H. HOLSTEIN

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

8320 W. SUNRISE BLVD

Suite, Apt. #, Etc.

City

PLANTATION

State

FL

Zip Code

33322

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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date

10-20-09

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
managing member	PETER HOLDEN	1844 N. NOB HILL RD # 618, PLANTATION FL 33322	City / State / Zip

cus cust to be  
Reg  
Sent to  
Mr Peter Holden  
4804 Lee Hollow Pl  
Ellicott City, MD 21043

**REINSTATEMENT**

Without Penalty  
2009 10/28/09

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

10-20-09

Daytime Phone

954-877-1009

Typed or printed name of signing Managing Member/Manager