

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAR 17 AM 10:08

DOCUMENT # L04000015290

1. Entity Name
FORTITUDINE VINCIMUS, LLC



Principal Place of Business
804 N. POKEBERRY PLACE
JACKSONVILLE, FL 32259

Mailing Address
804 N. POKEBERRY PLACE
JACKSONVILLE, FL 32259

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03082006 REIN-LLC CR2E101 (11/05)

City & State

City & State

4. FEI Number
56-2437977

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HECTOR, ERIK G
804 N. POKEBERRY PLACE
JACKSONVILLE, FL 32259

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$200.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME MGRM
STREET ADDRESS PCOLA HOLDING COMPANY, LLC
CITY - ST - ZIP 1106 LINFORD COURT
VALRICO, FL 33594 ☐ Delete

TITLE
NAME Hector Holding Company ☒ Change ☐ Addition
STREET ADDRESS 804 N POKEBERRY PLACE
CITY - ST - ZIP Jacksonville FL 32259

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition
300069535553
04/05/06--01032--018 **200.00

TITLE
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CITY - ST - ZIP ☐ Delete

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REINSTATEMENT 05-06

TITLE
NAME
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CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

904 287-8008