

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2008 MAR 27 PM 2: 20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000017562

1. Limited Liability Company's Name

PMK Capital Management, LLC

200120861102
03/20/08--01051--018 **655.00

CR2E041 (12/07)

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

105 E. Atlantic Avenue

Suite, Apt. #, etc.

Suite 200

City & State

Delray Beach, FL

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

33444

Country

USA

Zip

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified

To Do Business in Florida 03/05/2004

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

John Murphy

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

105 E. Atlantic Avenue

Suite, Apt. #, Etc.

Suite 200

City

Delray Beach

State

FL

Zip Code

33444

☐ 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

REGISTERED AGENT MUST SIGN

Date 3.14.08

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	John Murphy	105 E. Atlantic Avenue, #200	Delray Beach, FL 33444
MGRM	Roger Kumar	105 E. Atlantic Avenue, #200	Delray Beach, FL 33444

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

Date 3.14.08 Daytime Phone # (561) 454-1770

Typed or printed name of signing Managing Member/Manager

John Murphy