

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2008 SEP 10 AM 10:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04-17670

1. Limited Liability Company's Name

Patsan, LLC

200135299442
09/03/08--01029--003 **277.50
CR2E041 (12/07)

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

18 Weyanoke Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

18 Weyanoke

Suite, Apt. #, etc.

City & State

Palm Coast FL

Zip

32164

Country

USA

City & State

Palm Coast FL

Zip

32164

Country

USA

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

3/4/04

6. FEI Number

03-0538218

☐ 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

Sandra Christy

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

18 Weyanoke Dr.

Suite, Apt. #, Etc.

City

Palm Coast FL

State

FL

Zip Code

32164

☒ 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

Sandra Christy

REGISTERED AGENT MUST SIGN

Date 8-29-08

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
<u>MEM</u>	<u>Sandra Collins</u>	<u>253 Marable Ln</u>	<u>Dallas Ga. 30132</u>

REINSTATEMENT 0708

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

Sandra Collins

Date 8-29-08

Daytime Phone # 386-864-0974

Typed or printed name of signing Managing Member/Manager