PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

Filed
2020 NOV 19 PM 1:45

500355454535
11/19/20 01019 026 516.25

CR2E041 (1/14)

DOCUMENT # L04000028069

1. Limited Liability Company's Name
P&C LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
11776 W SAMPLE RD	
Suite, Apt #, etc SUITE 105	Suite, Apt #, etc
City & State CORAL SPRINGS, FL	City & State
Zip / Country 33065	Zip / Country

4. State/Country of Formation
FLORIDA

5. Date Organized or Qualified To Do Business in Florida 04-12-2004

6. FEI Number
65-1224293
☐ 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
STEVEN C KLEIN

Street Address (P.O. Box Number is Not Acceptable) Suite
11776 W SAMPLE RD

Apt # Etc
SUITE 105

City / State / Zip Code
CORAL SPRINGS FL 33065

JAN 08 2021
I ALBRITTON

9. I being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent _____ Date 11-10-20
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	PAMELA BOWES	250 PALM COAST PARKWAY NE 607-10C	PALM COAST, FL 32137
		REINSTATEMENT 10 2018-2020	

11. E-mail Address gita@thekleingroupcpa.com
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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; I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member _____ Date 11-10-20 Daytime Phone # 561-419-9995