

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

SECRETARY OF STATE  
DIVISION OF CORPORATION

08 FEB 21 AM 9:49

DOCUMENT # L0400043292

1. Limited Liability Company's Name

PERPETUAL MOTION, LLC

000117826040

02/12/08--01013--020 \*\*521.25 ✓

CR2E041 (12/07)

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

3583 LAGUNA COURT

Suite, Apt. #, etc.

City & State

GULF BREEZE, FL

Zip

32563

Country

USA

3. Mailing Office Address

3583 LAGUNA COURT

Suite, Apt. #, etc.

City & State

GULF BREEZE, FL

Zip

32563

Country

USA

4. State/Country of Formation

FLORIDA USA

5. Date Organized or Qualified  
To Do Business in Florida

06/03/2004

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

PETER T HARRIS-INMAN

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

3583 LAGUNA COURT

Suite, Apt. #, Etc.

City

GULF BREEZE

State

FL

Zip Code

32563

☐ 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

*Peter T Harris-Inman*  
REGISTERED AGENT MUST SIGN

Date

2/7/08

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	PETER T HARRIS-INMAN	3583 LAGUNA COURT	GULF BREEZE, FL 32563

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

*Peter T Harris-Inman* Date 2/7/08

Daytime Phone # 850 232-2385

Typed or printed name of signing Managing Member/Manager

PETER T HARRIS-INMAN