

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L 040000 44071

1. Limited Liability Company's Name

PC Acquisition Company, LLC

CR2E041 (1/11)

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

2170 W Fawcett Rd

Suite, Apt. #, etc.

3. Mailing Office Address

9610 Harney Rd

Suite, Apt. #, etc.

City & State

Winter Park, FL

City & State

Thonotosassa, FL

Zip

32789

Country

USA

Zip

33592

Country

USA

4. State/Country of Formation

Florida/USA

5. Date Organized or Qualified To Do Business in Florida

7/31/2004

6. FEI Number

20-1398996

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

Preston S. Copenhaver

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

2170 W Fawcett Road

Suite, Apt. #, Etc.

City

Winter Park

State

FL

Zip Code

32789

E-mail Address:

000137574550

09/26/12--01019--001 \*\*550.00

jane.bailey@harneyhardware.com  
(To be used for future annual report notices)

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

Date 9-11-2012

REGISTERED AGENT MUST SIGN

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	Preston S. Copenhaver	2170 W Fawcett Road	Winter Park, FL 32789
			000137574550 11/03/08--01057--002 **521.25
			JB
			REINSTATEMENT 2006-12

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. 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 Managing Member/Manager

Date 9-11-2012 Daytime Phone # 813-986-1121

Typed or printed name of signing Managing Member/Manager Preston S. Copenhaver