

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 OCT 21 AM 10:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000059160

1. Limited Liability Company's Name

IMPERIAL DEVELOPMENT, L.L.C.

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

362 GULF BREEZE PKWY #111

Suite, Apt. #, etc.

City & State

GULF BREEZE

Zip

FL

Country

32561

3. Mailing Office Address

362 GULF BREEZE PKWY #111

Suite, Apt. #, etc.

City & State

GULF BREEZE

Zip

FL

Country

32561

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified

To Do Business in Florida 08/09/2004

6. FEI Number

20-1542252

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
KRISTINE E. PABIAN

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

362 GULF BREEZE PKWY #111

Suite, Apt. #, Etc.

City
GULF BREEZE

State
FL

Zip Code
32561

☐ 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

Date 10/20/2009

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
MGR	PABIAN OUTDOOR-SOUTHEAST, INC.	362 GULF BREEZE PKWY #111	GULF BREEZE/FL/32561

REINSTATEMENT - 08 + 09

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 10/20/2009

Daytime Phone # 850-932-3382

Typed or printed name of signing Managing Member/Manager ROBERT PABIAN