

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

200.00
9-16-05

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 DEC 21 AM 8:21

DOCUMENT # L04000083274

1. Limited Liability Company's Name

Patterson Marketing Services

2. Principal Office Address

4913 Fauna Drive

Suite, Apt. #, etc.

City & State

Melbourne

Zip

32934

Country

Brevard

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

CR2E041 (8/05)

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

11/12/2004

6. FEI Number

20-1909943

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

Bradley S. Patterson

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

4913 Fauna Drive

Suite, Apt. #, Etc.

City

Melbourne

State
FL

Zip Code

32934

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

Bradley S. Patterson
REGISTERED AGENT MUST SIGN

Date 11/14/2006

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 |
|--------|--------------------------------------|---|---|
| PRES | BRADLEY SCOTT PATTERSON | 4913 FAUNA DRIVE | MELBOURNE FL 32934 |
| | | | 300081912249 11/17/06--01060--003 **155.00 |
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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

Bradley S. Patterson

Date 11/14/2006

Daytime Phone # 321-961-9981

Typed or printed name of signing Managing Member/Manager

Bradley S. Patterson