

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 DEC 22 PM 1:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000091671

1. Limited Liability Company's Name

Pandeco Motel, LLC

2. Principal Office Address

1545 Pascal Hwy
Suite, Apt. #, etc.

3. Mailing Office Address

1545 Pascal Hwy
Suite, Apt. #, etc.

City & State

Pandeco, FL

City & State

Pandeco, FL

Zip Country

32316 U.S.

Zip Country

32316 U.S.

CR2E041 (8/05)

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

12/22/2004

6. FEI Number

20-2023889

Applied For

Not Applicable

CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Anne Morgan

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

114 Apalachee St.

Suite, Apt. #, Etc.

City

Corroville

State

FL

Zip Code

32329

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

[Signature]

Date 12/22/2006

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Mgr	Anne Morgan	114 Apalachee St.	Corroville, FL 32329
Mgr	Heather Clark	1140 Shell Vt. Rd.	Corroville, FL 32329

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12/28/06--01043--022 **100.00

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

[Signature]

Date

12/22/06

Daytime Phone #

(850) 984-5741

Typed or printed name of signing Managing Member/Manager

Anne Morgan

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I did not receive the annual report
information for the year 2005.

Sam P. [unclear]
12/22/06