FILED

09 OCT 20 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY-- REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

10/20/09--01032--001 **138.75
300161949273
10/20/09--01032--001 **138.75

CR2E041 (10/08)

DOCUMENT # L04000092623

1. Limited Liability Company's Name
2PM, LLC

09

2. Principal Office Address - No P O Box #
7567 Preservation Rd
Suite Apt # etc
City & State
Tallahassee, FL
Zip 32312 Country United States

3. Mailing Office Address
same as principal
Suite Apt # etc
City & State
Zip Country

4. State/Country of Formation
FL / United States

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number
20-2107406
☐ 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
Jamie Langley
Street Address (P.O. Box Number is Not Acceptable)
1800 Thomasville Rd.
Suite Apt # Etc
City Tallahassee State FL Zip Code 32303

☑ 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 Jamie Langley Date 10/9/09
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	R.O.M. Management, Inc.	7567 Preservation Rd.	Tallahassee, FL 32312

REINSTATEMENT Without Penalty
2009
rp 10/22

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 upon 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 contained 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 Ron Wahl Date 10/09/2009 Daytime Phone #

Typed or printed name of signing Managing Member/Manager Ron Wahl