

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000002350

1. Limited Liability Company's Name

PCB DEVELOPMENT, LLC

06

2. Principal Office Address - No P.O. Box #
285 Harbor Boulevard

Suite, Apt. #, etc.
Suite A

City & State
Destin, FL

Zip Country
32541-7305 USA

3. Mailing Office Address
285 Harbor Boulevard

Suite, Apt. #, etc.
Suite A

City & State
Destin, FL

Zip Country
32541-7305 USA

4. State/Country of Formation
Florida

5. Date Organized or Qualified
To Do Business in Florida 01/07/2005

6. FEI Number ☒ 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
JOHN R. DOWD, JR., ESQUIRE

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

Suite, Apt. #, Etc.
Suite A

City
Destin

State Zip Code
FL 32541-7305

☒ 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.

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07/27/07--01040--012 **100.00

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

John R. Dowd, Jr.
REGISTERED AGENT MUST SIGN

Date 07/19/07

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	Michael R. Clancy	209 Hawthorne Circle	Fort Walton Beach, FL 32547
Member	Sean Clancy	5 Sherwood Road	Fort Walton Beach, FL 32547
Member	Lauren Clancy	3522 N. E. 174th Street	Miami, FL 33160

REINSTATEMENT 2006-2007

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

Michael R. Clancy
Michael R. Clancy

Date 7/19/2007

Daytime Phone # 850-246-0500

Typed or printed name of signing Managing Member/Manager