

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2009 DEC -2 PM 12:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E041 (11/09)

DOCUMENT #

L05000009744

1. Limited Liability Company's Name

PDL Holdings, LLC

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

3010 Scott Blvd.

Suite, Apt. #, etc.

#102

City & State

TEMPLE, TX.

Zip

76504

Country

USA

3. Mailing Office Address

3010 Scott Blvd.

Suite, Apt. #, etc.

#102

City & State

TEMPLE, TX.

Zip

76504

Country

USA

4. State/Country of Formation

COLLIER CO., FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida

1.20.05

6. FEI Number

455399429

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

JAMES D. ALLEN JR.

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

267 AIRPORT RD. SOUTH

Suite, Apt. #, Etc.

City

NAPLES

State

FL

Zip Code

34104

☐ 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

JM DALL

REGISTERED AGENT MUST SIGN

Date 11.23.09

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.	TANYA L. MIKESKA	3010 SCOTT BLVD #102	TEMPLE, TX. 76501

REINSTATEMENT -08+09

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11. E-mail Address: tlmikeska@archedae.com

12. 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

JM DALL

Date 11.23.09

Daytime Phone # 254.760.3048

Typed or printed name of signing Managing Member/Manager

C.S.