

L05000028241

PLEASE PRINT ALL INFORMATION BEFORE COMPLETING THIS FORM

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2012 JUN -5 PM 1:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
300235921295
06/05/12 01004 009

DOCUMENT # L05000028241

1 Limited Liability Company's Name

POYDRAS LLC

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

401 E CHASE ST

3 Mailing Office Address

SAME

Suite, Apt. #, etc.

SUITE 104

Suite, Apt. #, etc.

City & State

PENSACOLA FL

City & State

Zip

32502

Country

ESCAMBIA

Zip

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

6 FEI Number

20-2851454

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

DAVID A BRANNEN

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

401 E CHASE STREET

Suite, Apt. #, Etc.

SUITE 104

City

PENSACOLA

State

FL

Zip Code

32502

E-mail Address:

JEANNIE@BAYSIDE.CO

(To be used for future annual report notices)

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 808, F.S.

Signature of
Registered Agent

David A Brannen

Date 3/20/12

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
MEM	DAVID A BRANNEN	401 E CHASE ST SUITE 104	PENSACOLA FL 32562

REINSTATEMENT 2012

Let 6/8/12

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 808, 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 808.408, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.153, F.S.

Signature of Managing
Member/Manager

David A Brannen

Date 3/16/2012

Daytime Phone 850-434-7700

*Typed or printed name of signing Managing Member/Manager