2007 LIMITED LIABILITY COMPANY
REINSTATEMENT

DOCUMENT # L05000055465

1. Entity Name
PATS PLACE LLC

Principal Place of Business	Mailing Address
P.O. BOX 613 CARRABELLE, FL 32322	P.O. BOX 613 CARRABELLE, FL 32322

2. Principal Place of Business - No P.O. Box # _92 Hendrick St_

3. Mailing Address _PO 613_

Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State _Ft Lauderdale Fl_	City & State _Carrabelle Fl_
Zip	Country	Zip _32322_	Country _US_

FILED

07 DEC 17 PM 3:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12172007   REIN-LLC   CR2E101 (1/07)

4. FEI Number 37-1511582 | Applied For | Not Applicable |

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	**7. Name and Address of New Registered Agent**
SCHNEIDER, DELL S 260 TIMBER ISLAND ROAD CARRABELLE, FL 32322	Name _Dell Schneider_ Street Address (P.O. Box Number is Not Acceptable) _1622 Bayou Dr_ City _Carrabelle_ FL Zip Code _32322_

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _Dell Schn_   _Dec 17/07_

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $50.00 **After January 1, 2008, Fee will be $100.00**	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	**Make check payable to** **Florida Department of State**

9.	MANAGING MEMBERS / MANAGERS		**10.**	ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCHNEIDER, DELL S PO BOX 613 CARRABELLE, FL 32322	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	80011342B238 12/27/07--01017--020 **100.00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STATEMENT 2007	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _Dell S Schneider_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #