PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000073129

400274047774
06/15/15--01034--025 **$16.25

CR2E041 (1/14)

1. Limited Liability Company's Name
P. I. E., LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
397 Delaney St.	397 Delaney St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Port Charlotte	Port Charlotte
City & State	City & State
FL	FL
Zip / Country	Zip / Country
33954 / USA	33954 / USA

4. State/Country of Formation: FL Charlotte

5. Date Organized or Qualified To Do Business in Florida: 7/25/05

6. FEI Number: 20-3902398 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

8. Name and Address of Current Registered Agent

Name: Finney Thomas R JR
Street Address (P.O. Box Number is Not Acceptable): 397 Delaney St.
Suite, Apt. #, Etc.: Port Charlotte
City: FL State: FL Zip Code: 33954

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent: Thomas R. Finney JR Date: 6/9/15
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MM.	Thomas R. Finney JR	397 Delaney St.	Port Charlotte FL 33954
	REINSTATEMENT 2013/2015	JUN 17 2015	
		Y SULKER	

FILED
2015 JUN 15 PM 2:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11. E-mail Address: Thomas R Finney @ hotmail.com
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 605.0012, 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager: Thomas R. Finney JR Date: 6/9/15 Daytime Phone: (865) 242-0916

Typed or printed name of signing Authorized Representative/Manager