

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 OCT -8 PM 1:36

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (1/07)

DOCUMENT # L05000084975

1. Limited Liability Company's Name

Peek Development, LLC

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

1435 Trout Drive

Suite, Apt. #, etc.

City & State

Panama City Beach, FL

Zip

32408

Country

U.S.A.

3. Mailing Office Address

P. O. Box 19469

Suite, Apt. #, etc.

City & State

Panama City Beach, FL

Zip

32417

Country

U. S. A.

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

8/26/2005

6. FEI Number

20-3378827

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

Michael S. Burke

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

415 Beckrich Road

Suite, Apt. #, Etc.

Suite 500

City

Panama City Beach

State

FL

Zip Code

32407

☒ 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

[Signature]

REGISTERED AGENT MUST SIGN

Date **October 5, 2007**

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	Jerry L. Peek	1435 Trout Drive	Panama City Beach, FL 32408

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10/09/07--01041--003 **105.00

REINSTATEMENT
WOP

BLT

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

[Signature]

Date **Oct. 5, 2007**

Daytime Phone # **850-960-2021**

Typed or printed name of signing Managing Member/Manager **Jerry L. Peek**