

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 OCT 21 AM 10:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000091378

1. Limited Liability Company's Name

Pacitas Home Collections LLC

500161833995
10/16/09--01038--004 **377.50

CR2E041 (10/08)

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

225 King Street

Suite, Apt. #, etc.

3. Mailing Office Address

313 Brevard Avenue

Suite, Apt. #, etc.

City & State

Coconut, FL

City & State

Coconut, FL

Zip

32922

Country

US

Zip

32922

Country

US

4. State/Country of Formation

FL / US

5. Date Organized or Qualified
To Do Business in Florida

10/9/2006

6. FEI Number

594563554

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

Wilson, Pacita D.

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

313 Brevard Avenue

Suite, Apt. #, Etc.

City

Coconut

State

FL

Zip Code

32922

☐ 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

10/13/09

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
Mng	Pacita Wilson	440 Treasuelagonda	M.I., FL 32953

REINSTATEMENT - 08409

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

10/13/09

Daytime Phone #

321266-6869

Typed or printed name of signing Managing Member/Manager

Pacita D Wilson