

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000108954

1. Limited Liability Company's Name

PC & CCS LAND, LLC

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

4352 AVALON BLVD.

Suite, Apt. #, etc.

3. Mailing Office Address

4352 AVALON BLVD.

Suite, Apt. #, etc.

City & State

MILTON, FLORIDA

City & State

MILTON, FLORIDA 32583

Zip

32583

Country

US

Zip

32583

Country

US

4. State/Country of Formation

FLORIDA / USA

5. Date Organized or Qualified

To Do Business in Florida 11/09/2005

6. FEI Number

20-4066922

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

CHARLES C. STALLWORTH

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

4225 AUDISS ROAD

Suite, Apt. #, Etc.

City

MILTON, FLORIDA

State

FL

Zip Code

32583

☐ 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

Date 10-3-08

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
MGRM	CHARLES C. STALLWORTH	4225 AUDISS ROAD	MILTON, FLORIDA 32583
REINSTATEMENT 2007-2008 up 10/8/08			

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

Date 10-3-08 Daytime Phone # 850-712-7874

Typed or printed name of signing Managing Member/Manager CHARLES C. STALLWORTH