

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 MAR 28 PM 3:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (12/07)

DOCUMENT # L05000108972

1. Limited Liability Company's Name

PSD LLC

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

13349 Lake Butler Blvd.

Suite, Apt. #, etc.

3. Mailing Office Address

13349 Lake Butler Blvd.

Suite, Apt. #, etc.

City & State

Winter Garden ,

Zip

FL 34787

Country

usa

City & State

Winter Garden,

Zip

FL 34787

Country

usa

4. State/Country of Formation

Florida, usa

5. Date Organized or Qualified

To Do Business in Florida 11-9-05

6. FEI Number

16-1740650

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

Dennis Nyunt Shin

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

13349 Lake Butler Blvd.

Suite, Apt. #, Etc.

City

Winter Garden

State

FL

Zip Code

34787

☐ 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

Dennis Nyunt Shin

Date 2-11-08

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
NGRM	Dennis Nyunt Shin	13349 Lake Butler Blvd.	Winter Garden , FL 34787

300117968743
02/13/08--01031--004 **243.75

300117968743
03/20/08--01051--002 **133.75

REINSTATEMENT 07-08

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

Dennis Nyunt Shin

Date 2-11-08

Daytime Phone # 407 466 4419

Typed or printed name of signing Managing Member/Manager Dennis Nyunt Shin