

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 APR 28 PM 3:23

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # L06000031591

1. Limited Liability Company's Name

PETER DOWNIE, LLC

600151792156
04/22/09--01021--010 **416.25

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box # 937 FLEMING ST Suite, Apt. #, etc.		3. Mailing Office Address 937 FLEMING ST Suite, Apt. #, etc.	
City & State KEY WEST, FL		City & State KEY WEST, FL	
Zip 33040	Country USA	Zip 33040	Country USA

4. State/Country of Formation FLORIDA / USA	
5. Date Organized or Qualified To Do Business in Florida 3/27/06	
6. FEI Number 204576386	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name STEVEN R. PRIBRAMSKY			
Street Address (P.O. Box Number is Not Acceptable) 937 FLEMING ST			
Suite, Apt. #, Etc.			
City KEY WEST	State FL	Zip Code 33040	

☒ 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]

Date 4/6/09

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	PETER DOWNIE	937 FLEMING ST.	KEY WEST, FL 33040

REINSTATEMENT-07-08+09

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 Peter Downie **Date** 4/17/09 **Daytime Phone #** 305 395 7995

Typed or printed name of signing Managing Member/Manager PETER DOWNIE