

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L06000065195

1. Limited Liability Company's Name

PSW Properties, LLC

500143912755
03/17/09--01010--014 **272.50

CR2E041 (10/08)

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

1208 Hays Street

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 12668

Suite, Apt. #, etc.

City & State

Tallahassee, FL

Zip

32301

Country

USA

City & State

Tallahassee, FL

Zip

32317

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

6/28/06

6. FEI Number

20-5271939

☐ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

☒ 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.

8. Name and Address of Current Registered Agent

Name

Sutton Webb

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

1208 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32317

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

REGISTERED AGENT MUST SIGN

Date 2/17/09

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
MGRM	Riley Palmer	310 Crooked Creek Lane	Tallahassee, FL 32344
MGRM	Sutton Webb	2100 W. Randolph Circle	Tallahassee, FL 32308
MGRM	Rodney Wilhite	511 Wilson Ave	Tallahassee, FL 32303

500143912755
02/18/09--01021--002 **143.75

REINSTATEMENT 07-09
AL

11. I certify that I am managing member/manager of 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 2/17/09 Daytime Phone # 850-528-6585

Typed or printed name of signing Managing Member/Manager Sutton Webb