

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000101570

1. Entity Name
PILOT, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 OCT -1 PM 1:05

Principal Place of Business
979 PARKVIEW DRIVE
TALLAHASSEE, FL 32311

Mailing Address
979 PARKVIEW DRIVE
TALLAHASSEE, FL 32311

09

PK



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

09292009 REIN-LLC CR2E101 (1/07)

City & State

City & State

4. FEI Number
30-0386460

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BERRY, JANET K
979 PARKVIEW DRIVE
TALLAHASSEE, FL 32311

PK

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature] L. Pleger

(NOTE: Registered Agent signature required when reinstating)

9/26/09
DATE

FILE NOW!!! FEE IS \$138.75
After January 1, 2010, Fee will be \$277.50

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
BERRY, JANET
979 PARKVIEW DRIVE
TALLAHASSEE, FL 32311 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
PLEGER, LUISA
2001 OLD SAINT AUGUSTINE, B203
TALLAHASSEE, FL 32301 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
Pleger, Luisa
31 Malone Ave
Belleville, NJ 07109 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
700161249127
10/02/09--01001--007 **143.75 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

REINSTATEMENT 2009

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

Janet K. Berry, Janet K. Berry 9/28/09 (850)