

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

09 JAN 24 AM 11:49

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L06000115704

1. Limited Liability Company's Name

PAN DOC, LLC

800142832308  
02/04/09--01034--010 \*\*416.25

REINSTATEMENT

07-09

2. Principal Office Address - No P.O. Box # <u>2247 Palm Beach Lakes Blvd</u>		3. Mailing Office Address	
Suite, Apt. #, etc. <u>206</u>		Suite, Apt. #, etc.	
City & State <u>WEST Palm Beach, FL 33409</u>		City & State	
Zip <u>33409</u>	Country <u>USA</u>	Zip	Country

4. State/Country of Formation <u>FLORIDA</u>	
5. Date Organized or Qualified To Do Business in Florida <u>2007</u>	
6. FEI Number <u>20-8004107</u>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>
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 Katia Larentis

Street Address (P.O. Box Number is Not Acceptable)  
2247 Palm Beach Lakes Blvd

Suite, Apt. #, Etc.  
206

City WEST Palm Beach State FL Zip Code 33409

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 2-2-09

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
<u>MGR</u>	<u>Katia Larentis, Inc</u>	<u>2247 Palm Beach Lakes Blvd, Suite 206</u>	<u>West Palm Beach, FL 33409</u>

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 Katia Larentis, Inc Date 2-2-09 Daytime Phone # 561-712-0688

Typed or printed name of signing Managing Member/Manager KATIA LARENTIS, INC