

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L07000005703

1. Limited Liability Company's Name

Philip-Penn Management, LLC.

FILED

2010 JAN -5 AM 10:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500164147605
01/04/10--01044--009 **277.50

CR2E041 (11/09)

2. Principal Office Address - No P.O. Box # 1768 Nestlewood Tr.		3. Mailing Office Address PO Box 2886	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Orlando, FL		City & State Winter Park FL	
Zip 32837	Country USA	Zip 32790	Country USA

4. State/Country of Formation FLORIDA	
5. Date Organized or Qualified To Do Business in Florida 1/17/2007	
6. FEI Number 20-8473021	Applied For 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 MAIRA PENN		
Street Address (P.O. Box Number is Not Acceptable) 1768 Nestlewood Trail		
Suite, Apt. #, Etc.		
City Orlando	State FL	Zip Code 32837

☒ 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

REGISTERED AGENT MUST SIGN

Date

12/29/09

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
MEM	Luis PENA	1768 Nestlewood Trail	Orlando FL 32837

11. E-mail Address: philippenn mgmt@gmail.com

(To be used for future annual report notifications)

12. 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

Date

12/29/09

Daytime Phone #

407 970-8185

Typed or printed name of signing Managing Member/Manager