PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

| : 16

800432186868

CR2E041 (1/14)

DOCUMENT # L07000006912

1. Limited Liability Company's Name
P.G.M. LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
2735 S. Highway A1A	2735 S. Highway A1A
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Melbourne Beach FL	City & State: Melbourne Beach FL
Zip: 32951 / Country: USA	Zip: 32951 / Country: USA

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a certificate of status

8. Name and Address of Current Registered Agent

Name: Craig W. Woolston

Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.: 2735 S. Highway A1A

City: Melbourne Beach | State: FL | Zip Code: 32951

9. I, being appointed the registered agent of the above-named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent: [signature] REGISTERED AGENT MUST SIGN Date: 5/9/2024

10. Names and Street Addresses of Authorized Representatives/Managers

Title	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	Craig W. Woolston	2735 S. Highway A1A	Mebourne Beach FL 32951

REINSTATEMENT

11. E-mail Address: jjayne@farr.com
(Entered for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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; I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member: [signature] Date: 5/29/24 Daytime Phone #: 661-202-5170

Craig W. Woolston, Member By Jason O. Hackett II Auth. Rep.

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallhassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 479488 80749B

AUTHORIZATION :

COST LIMIT : $42042.50

ORDER DATE : May 29, 2024

ORDER TIME : 9:45 AM

ORDER NO. : 479488-005

CUSTOMER NO: 80749B

DOMESTIC FILINGS

NAME: P.G.M. LLC

XX___ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX_____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Miller - Ext#

EXAMINER'S INITIALS _____