L07000024807

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 FEB 17 AM 9:49

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

BK

100194932291
02/18/11--01001--014 **307.50

CR2E041 (1/11)

DOCUMENT # L07000024807

1. Limited Liability Company's Name
PREC PENSACOLA, LLC
451 E CERVANTES, ST.
PENSACOLA FL 32501 10

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
451 E Cervantes St		30435 Hwy 281 N	
City & State		City & State	
Pensacola FL		Bulverde TX	
Zip	Country	Zip	Country
32501	US	78163	US

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: 3/6/2007

6. FEI Number: 65-1297884 ☐ 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: NATIONAL CORPORATE RESEARCH, LTD., INC

Street Address (P.O. Box Number is Not Acceptable): 515 East Park Avenue

Suite, Apt. #, Etc.:

City: Tallahassee | State: FL | Zip Code: 32301

BK E-mail Address:

shellyw@joshuamgmt.com
(To be used for future annual report notices)

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: Kristie Tolliver Asst. Secretary Date: 2-17-11
REGISTERED AGENT MUST SIGN Kristie Tolliver

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
MGMR	MARY A PARHAM	30435 Hwy 281 N	Bulverde TX 78163
		REINSTATEMENT	2010-2011
			100194932291 02/14/11--01001--023 **$100

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 608.408, 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 Managing Member/Manager: Mary A Parham Date: 2/17/11 Daytime Phone #: 210-477-4400

Typed or printed name of signing Managing Member/Manager: MARY A. PARHAM