

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L07000072433

1. Limited Liability Company's Name

Petrus Holdings LLC

2. Principal Office Address - No P.O. Box #

445 Grand Bay Dr.

Suite, Apt. #, etc.

Suite 1210

City & State

Key Biscayne FL

Zip

33149

Country

US

3. Mailing Office Address

445 Grand Bay Dr.

Suite, Apt. #, etc.

Suite 1210

City & State

Key Biscayne FL

Zip

33149

Country

US

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

7/12/2007

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

Elizabeth Benkovitch

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

445 Grand Bay Drive

Suite, Apt. #, Etc.

Suite 1210

City

Key Biscayne

State

FL

Zip Code

33149

☐ 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

Elizabeth Benkovitch

REGISTERED AGENT MUST SIGN

Date Nov 13, 2009

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
Mngr	Elizabeth Benkovitch	445 Grand Bay drive Apt 1210	Key Biscayne, FL, 33149

REINSTATEMENT

2008-09

000163478580  
12/09/09-00000000-010 \*\*377.50

S. HAWKES

11-10-2009

EXAMINER

11. E-mail Address:

(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 608.405, 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

Elizabeth Benkovitch

Date

Nov 13/09

Daytime Phone #

786 493 0299

Typed or printed name of signing Managing Member/Manager