

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 FEB 23 PM 3:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L07000084902

1. Limited Liability Company's Name

Peace and Peace Investments
LLC

300144213223
02/24/09--01003--004 **277.50
CR2E041 (10/08)

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

921 Tram Road

Suite, Apt. #, etc.

3. Mailing Office Address

921 Tram Road

Suite, Apt. #, etc.

City & State

Tallahassee FLORIDA

Zip

32311

Country

USA

City & State

Tallahassee FL

Zip

32311

Country

USA

4. State/Country of Formation

FLORIDA USA

5. Date Organized or Qualified
To Do Business in Florida

Aug 7 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

Bobby Peace

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

921 Tram Road

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32311

☒ 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

X Bobby Peace

REGISTERED AGENT MUST SIGN

Date 02/23/09

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
<u>MGR</u>	<u>Bobby Peace</u>	<u>921 Tram Rd</u>	<u>Tallahassee FL 32311</u>

REINSTATEMENT 08-09

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

X Bobby Peace

Date 02/23/09

Daytime Phone # 850 459 9688

Typed or printed name of signing Managing Member/Manager

Bobby Peace