

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

**09 NOV -5 PM 4:06**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **L08000036757**

1. Limited Liability Company's Name

**Pcola Holdings of Tallahassee, LLC**

**500162551555**  
11/06/09--01002--001 \*\*25.00  
CR2E041 (10/09)

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

**4105 Poe Place**

Suite, Apt. #, etc.

3. Mailing Office Address

**4105 Poe Place**

Suite, Apt. #, etc.

4. State/Country of Formation

**FL Leon**

5. Date Organized or Qualified  
To Do Business in Florida

**4/11/2008**

6. FEI Number

**none**

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

**Christopher Chavez**

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

**4105 Poe Place**

Suite, Apt. #, Etc.

City

**Tallahassee**

State

**FL**

Zip Code

**32311**



**500162551555**  
11/06/09--01001--005 \*\*113.75  
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 fee 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

**Chris Chavez**  
REGISTERED AGENT MUST SIGN

Date

**11/5/09**

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	Christopher Chavez	4105 Poe Place	Tallahassee, FL 32311
MEM	Lance Hart	518 Collins Drive	Tallahassee, FL 32303
MEM	Chris Kingry	1901 Ross Avenue	Tallahassee, FL 32303

**REINSTATEMENT -09**

11. E-mail Address:

**JMHART1@hotmail.com**

(To be used for future annual report notifications)

12. I certify that I am managing member/manager or the receiver or the trustee empowered to execute this application as provided 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

**Chris Chavez**  
Chris Chavez

Date

**11/5/09**

Daytime Phone #

**850 264-8686**

Typed or Printed name of signing Managing Member/Manager