

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

13 JAN 22 AM 9:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L08000075951

1. Limited Liability Company's Name
PVM HOLDINGS, LLC

700243804807
01/18/13--01019--004 **655.00

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box # 1401 SE 91ST PLACE		3. Mailing Office Address 1401 SE 91ST PLACE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State OCALA FL		City & State OCALA FL	
Zip 34480	Country US	Zip 34480	Country US

4. State/Country of Formation

FLORIDA/US

5. Date Organized or Qualified
To Do Business in Florida **08/07/2008**

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
MANGALA SHETTY
Street Address (P.O. Box Number is Not Acceptable)
1401 SE 91ST PLACE
Suite, Apt. #, Etc.

City
OCALA State **FL** Zip Code **34480**

E-mail Address:

PREMVITAL@HOTMAIL.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 **X**

REGISTERED AGENT MUST SIGN

Date **1/10/13**

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
MGR	MANGALA SHETTY	1401 SE 91ST PLACE	OCALA FL 34480

REINSTATEMENT

JAN 22 2013

R. HUNT

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. 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 **X**

Date **1/10/13**

Daytime Phone # **352 732 8080**

Typed or printed name of signing Managing Member/Manager **MANGALA SHETTY**