## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

FILED

14 MAY 15 PH 1: 30

SECRETARY OF STATE TALLAHASSEE FLORIDA

DOCUMENT # LOSON 9939D	12

PASCO ELECTRONIC NETWORKS, LLC

•								CD2E041 /1/14)				
2. Principal Office Address - No P.O. Box# 3. Mailing Off 1508 Sturbridge Court 1508 St						Court	CR2E041 (1/14)  4. State/Country of Formation					
			Suite, Apt. #, e	tc.	<del></del>		Florida					
							5. Date Organized or Qualified To Do Business in Florida OCTOBER 03, 2008					
City & State  City & State  Dunedin, FL  Dunedin			n El			6. FEI Number	- Applied For					
Zip	, , , <u>, , , , , , , , , , , , , , , , </u>	Country	ZIp	· · · ·	Co	ıntry			✓ Not Applicable			
34698	ĮĮ	JSÁ	34698		บร	•	7. CERTIFICATE OF		0 Additional Fee required or a Certificate of Status			
		8. Name and Addre	ses of Current Regis	tered Age	nt							
Name Donald	Reddish											
Street Add	dress (P.O. Bo	x Number is Not Accep	table)									
28050 U Sulte, Apt	J.S. Hwy	. 19 N.					0	0026027	7300			
208			11.7		     		05/1	002602 <b>7</b> 5/14010310:	fi **516.25			
city Clearwa	ater ···		ان آخریان ش و ویجاد چیمهایند باد کاراند اید	r ergi Lippania en	State	, Zip Code : 33761 :: 13111	A Company of the Comp	ا الله الله الله الله الله الله الله ال				
9. I, bøln Signature Registered	of	e registered agent of the	e above named limite	<u> </u>			d accept the obliga	tions of Chapter 605, F.S.  Date	-14			
10. Nam	nes and Street	Addresses of Authorize	d Representatives/M	anagers	····							
Titles		Name of Authorized Representatives/ Managers			Street Address of Each Authorized Representative/ Manager			City / State / Zip				
MGR		Belmina Ha	ıkki	19	508	Sturbridge	Court	Dunedin,	FL 34698			
				- I								
			I	RE	7		MEN	T 202-2	2014			
	- 111BL #	2011							<b>.</b>			
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12. I certify that I am an authorized rep	resentative/manager or the re	eceiver or trustee empow	vered to exc	ecute this application	on as provided for in	Chapter 6	08, F.S. I furt	her certify that
when filing this reinstatement applicatio	n the reason for dissolution h	as been eliminated, the I	imited liabil	ity company name	satisfies the require	ments of se	action 605.00	112. F.S., and
that all fees owed by the limited liability	company have been paid. Th	ne information indicated o	on this appli	ication is true and a	accurate, and my sig	nature sha	ll have the sa	ıme legal effect
as if made under oath. I am aware that	false information submitted to	the Department of State	a constitute:	s a third degree fel	ony as provided in s	. 817.155, I	F.S.	
Signature of	Believer	Hakk:		C 0 W		710	100	1001
Authorized Representative/Manager	(1)emmy	neuk	Date	5-8-14	_ Daytime Phone #	121	670	100/
Typed or printed name of signing Author	rized Representative/Manage	Belmina Hakki						