

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L08000101953

1. Limited Liability Company's Name

REUNION-PACIFIC GROUP LLC

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

6000 Turkey Lake Rd.

Suite, Apt. #, etc.

Suite 102

City & State

Orlando

Zip

32819

Country

USA

3. Mailing Office Address

6000 Turkey Lane Rd.

Suite, Apt. #, etc.

Suite 102

City & State

Orlando

Zip

32819

Country

USA

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

11/1/2008

6. FEI Number

26-3629753

☐ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

CR2E041 (1/14)

8. Name and Address of Current Registered Agent

Name

SUSAN CHANG

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

7014 Phillips Cove Court

Suite, Apt. #, Etc.

Suite 102

City

ORLANDO

State

FL

Zip Code

32819

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 2/14/2014

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGRM	SUSAN CHANG	7014 Phillips Cove Ct.	ORLANDO, FL32819
REINSTATEMENT		S. HAWKES	
2009/2014		MARCH 27, 2014	
		EXAMINER	

11. E-mail Address: daphne@EvergreenSettlement.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 605 0012, 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager

Date 2/14/14

Daytime Phone # 301-9750051 (Ext. 103)

Typed or printed name of signing Authorized Representative/Manager SUSAN CHANG

S. HAWKES

MAR 28 AM.

EXAMINER

FILED
2014 MAR 27 PM 2:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA