

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

12 JAN 25 AM 11:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L09000008698

1. Limited Liability Company's Name

P, G & T Products & Services, LLC

KS

400219623334
01/26/12--01006--005 **243.75

REINSTATEMENT 10-12

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

2416 Broken Elm Place

Suite, Apt. #, etc.

3. Mailing Office Address

2416 Broken Elm Place

Suite, Apt. #, etc.

City & State

Oviedo FL

Zip

32766

Country

USA

City & State

Oviedo FL

Zip

32766

Country

USA

4. State/Country of Formation

FL / USA

5. Date Organized or Qualified
To Do Business in Florida

Jan 27 2009

6. FEI Number

26-4135050

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

Tiffany Murphy

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

2416 Broken Elm Place

Suite, Apt. #, Etc.

City

Oviedo

State

FL

Zip Code

32766

E-mail Address:

familymurphy@yahoo.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

Tiffany Murphy

Date 31 Dec 2011

REGISTERED AGENT MUST SIGN

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
CEO	<u>Tiffany Murphy</u>	<u>2416 Broken Elm Pl</u>	<u>Oviedo, FL 32766</u>

400219623334
01/26/12--01006--006 **272.50

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

Tiffany Murphy

Date

31 Dec 11

Daytime Phone #

944

Typed or printed name of signing Managing Member/Manager

407-359-1620



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 12, 2012

BRIAN & TIFFANY MURPHY
2416 BROKEN ELM PL
OVIEDO, FL 32766-7090

SUBJECT: P,G AND T PRODUCTS AND SERVICES, LLC
Ref. Number: L09000008698

We have received your document for P,G AND T PRODUCTS AND SERVICES, LLC and check(s) totaling \$243.75. However, your check(s) and document are being returned for the following:

The fees to reinstate the limited liability company are as follows: \$100.00 reinstatement fee; \$138.75 filing fee per year for the years 2010 through 2012; and \$5.00 for each certificate of status requested (optional). Therefore, the total amount due at this time is \$516.25.

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Karen A Saly
Regulatory Specialist II

Letter Number: 112A00000822

— additional funds added
— CEO Signed as required.