

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 APR 21 AM 9:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

L. SELLERS

APR 22 2011

CR2E041 (1/11)

EXAMINER

DOCUMENT # L 09000019879

1. Limited Liability Company's Name

PAVUR Enterprises, LLC

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

2201 Intracoastal Dr

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

Zip

33305

Country

USA

3. Mailing Office Address

~~Ft. Lauderdale, FL 33305~~

Suite, Apt. #, etc.

City & State

Ft. Lauderdale FL

Zip

33305

Country

USA

4. State/Country of Formation

FL / Broward

5. Date Organized or Qualified
To Do Business in Florida

3-5-09

6. FEI Number

26-4356092

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

Scott Weiner

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

2201 Intracoastal Dr

Suite, Apt. #, Etc.

2

City Ft. Lauderdale, FL 33305

State

FL

Zip Code

33305

E-mail Address:

800201906688
04/14/11--01036--007 **238.75

pavur@comcast.net

(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

REGISTERED AGENT MUST SIGN

Date

4/19/11

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	Scott Weiner	2201 Intracoastal Dr	Ft. Lauderdale FL 33305
Mgr	Elizabeth Pavur	2201 Intracoastal Dr	
Mgr	Marion A Pavur	2201 Intracoastal Dr 100 Quapaw Circle	Ft. Lauderdale, FL 33305 London, TN 37774
REINSTATEMENT 2010-2011			
800201906688 04/22/11--01005--002 **138.75			

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

Date

4/19/11

Daytime Phone #

754-609-4522

Typed or printed name of signing Managing Member/Manager