

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L09000056365

1. Limited Liability Company's Name

Pacific Wind Enterprises, LLC

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

18101 Collins Ave

Suite, Apt. #, etc.

TS05

City & State

Sunny Isles Beach, FL

Zip

33160

Country

USA

3. Mailing Office Address

Dept. 8-SJO, Po Box 025216

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33102-5216

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

10 June 2009

6. FEI Number

270346632

☐ 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

Richard A Furlong

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

15220 Leith Walk Ln

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33618

E-mail Address:

nbarr@quijote.co.cr

(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

Date 01-06-2012

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
Mgrm	Norman Barr	Dept. 8-SJO, PO Box 025216	Miami, FL 33102
Mgrm	Janet Empey	Dept. 8-SJO, PO Box 025216	Miami, FL 33102

REINSTATEMENT

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 6 Jan 2012

Daytime Phone # 2025364139

Typed or printed name of signing Managing Member/Manager Norman Barr