PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	PLEASE REAL	J ALL INSTRUC	,110h	13 BEFURE	COMPLETI	INO THIS FORM.	
LIMITED LIAI COMPAI REINSTATEI	Secretar DIVISION OF C	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS			TALLAHASSE		
DOCUMEN 1. Limited Liability Con		000 999 89	7		1	FFS A	
Peaceful Pirate							
					REINSTA		
2. Principal Office Add		3. Mailing Office Addre			1	CR2E041 (1/14)	
Suite, Apt. #, etc.	Parke Di	Suite, Apt. #, etc.			4. State/Country	y of Formation	
		Suite, Apr. #, 6.0.			5. Date Organiz To Do Busine	ized or Qualified ness in Floride	
City & State	— 1	City & State	City & State			10/15/2009 6. FEI Number Applied For	
Fruit Cove, F	Country	Zip	T Cc	ountry	27122870	Not Applicable	
32259	Cotantiy	Ziµ			7. CERTIFICATE OF	F STATUS DESIRED S5.00 Additional Fee required for a Certificate of Status	
Name	8. Name and Address	s of Current Registered Ag	jent				
Lynn Small				•		nnacesonas	
•	D. Box Number is Not Acceptable Parke Dr	ye)			1071	100265502093 16/1401019009 **138.75	
Suite, Apt. #, Etc.	alke Di			!	1		
City			State	Zip Code	تح 10/1	\$00265502093 16/1401019008 **100.00	
Fruit Cove			4 1			.0711 01010 000	
9. I, being appointed	d the registered agent of the ab	bove named limited liability	/ compan	ny, am familiar with an	nd accept the obligat	itions of Chapter 605, F.S.	
Signature of CRegistered Agent	Same			<u></u>		Date	
		REGISTERED AGENT MUS		N			
	reet Addresses of Authorized R	tepresentatives/Managers	·	The state of Eq.			
Titles	Name of Authorized Representative Managers	es/	Street Address of Ea Authorized Representa Manager			City / State / Zip	
MGR	MGR Lynn Small			Bartram Par	rke Dr	Fruit Cove, FL 32259	
						B. BOSTICK	
						nrt 21 2014	
						EXAM'NER	
						Let W	
11. E-mail Address: Vnnsmall96@gmail.com (To be used for future annual report notifications)							
when filing this reinsta that all fees owed by the as if made under oath.	atement application the reason	/manager or the receiver or t n for dissolution has been el ave been paid. The informati	r trustee e eliminated ation indic	empowered to execute ed, the limited liability co icated on this applicatio	te this application as company name satisf ion is true and accura third degree felony a		
Signature of Authorized Representa		Sue		Date 10-1	1-2014 Da	aytime Phone # 407-694-2992	
Typed or printed name of signing Authorized Representative/Manager Lynn Small							