


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

|   |   |   |                   |  |  |
|---|---|---|-------------------|--|--|
| <b>LIMITED LIABILITY COMPANY REINSTATEMENT 2015-2017</b>  |   |  |                   | <b>FLORIDA DEPARTMENT OF STATE</b><br>Secretary of State<br>DIVISION OF CORPORATIONS                                 |  |
| <b>DOCUMENT # L10000002254</b>  |   |   |                   |  |  |
| 1. Limited Liability Company's Name<br>PDC Investments, LLC   |   |   |                   |  |  |
| 2. Principal Office Address - No P.O. Box #<br>1179 Chloe Dr.   |   | 3. Mailing Office Address<br>1179 Chloe Dr.                                       |                   | 4. State/Country of Formation<br>Florida/USA   |  |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.   |                   | 5. Date Organized or Qualified To Do Business in Florida<br>01/07/2010   |  |
| City & State<br>Gallatin, TN  |   | City & State<br>Gallatin, TN  |                   | 6. FEI Number<br>27-1628159  |  |
| Zip<br>37066  | Country<br>USA                              | Zip<br>37066  | Country<br>USA    | 7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status |  |
| 8. Name and Address of Current Registered Agent   |   |   |                   | <b>600294740656</b><br>01/25/17--01021--007 **516.25   |  |
| Name<br>Michelle L. Cook  |   |   |                   |  |  |
| Street Address (P.O. Box Number is Not Acceptable)<br>4998 SW2nd Ct.  |   |   |                   |  |  |
| Suite, Apt. #, Etc.   |   |   |                   |  |  |
| City<br>Ocala   |   | State<br>FL   | Zip Code<br>37066 |  |  |
| 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 <u>Michelle L. Cook</u>   |   |   |                   | Date <u>12-19-16</u>   |  |
| REGISTERED AGENT MUST SIGN  |   |   |                   |  |  |
| 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   |  |
| Manager   | Michelle L. Cook                            | 1179 Chloe Ct.  |                   | Gallatin, TN 37066   |  |
|   |   |   |                   |  |  |
|   |   |   |                   |  |  |
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|   |   |   |                   |  |  |
|   |   |   |                   |  |  |
| 11. E-mail Address: <u>KBARTLEY@SLBLAWFIRM.COM</u><br>(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 <u>Keene W. Bartley</u>  |   | Date <u>12/29/16</u>  |                   | Daytime Phone # <u>615-244-6670</u>  |  |
| Typed or printed name of signing Authorized Representative/Manager <u>Keene W. Bartley, attorney</u>  |   |   |                   |  |  |