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(((H12000297616 3)))

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2012 DEC 20 AM 8:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L10000016090

1. Limited Liability Company's Name
Permike Partners, LLC

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1 Fairway Club Drive	1 Fairway Club Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Saint Helena Island, SC	City & State: Saint Helena Island, SC
Zip: 29920 Country: USA	Zip: 29920 Country: USA

4. State/Country of Formation: Florida, USA

5. Date Organized or Qualified To Do Business in Florida: 02/10/2010

6. FEI Number: [ ] Applied For [X] Not Applicable

7. CERTIFICATE OF STATUS DESIRED [ ]

8. Name and Address of Current Registered Agent

Name: AGI Registered Agents, Inc.
Street Address (P.O. Box Number is Not Acceptable): 1000 Brickell Avenue
Suite, Apt. #, Etc.: Suite 300
City: Miami State: FL Zip Code: 33131

E-mail Address: dhernandez@agilaw.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: _____ Date: 12/20/12
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	Perminder Bindra	1 Fairway Club Drive	Saint Helena Island, SC 29920

REINSTATEMENT 11-12

12-21-12

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: Perminder Bindra Date: _____ Daytime Phone #: 12/15/2012

Typed or printed name of signing Managing Member/Manager: _____

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : AGI REGISTERED AGENTS, INC.
Account Number : I20000000205
Phone : (305)416-6800
Fax Number : (305)416-6811

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

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LIMITED LIABILITY REINSTATEMENT

PERMIKE PARTNERS LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$377.50

December 20, 2012

FLORIDA DEPARTMENT OF STATE
Division of Corporations

PERMIKE PARTNERS LLC
1 FAIRWAY CLUB DRIVE
SAINT HELENA ISLAND, SC 29920US

SUBJECT: PERMIKE PARTNERS LLC
REF: L10000016090

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammi Cline
Regulatory Specialist II

FAX Aud. #: H12000297616
Letter Number: 612A00030025

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