

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

2013 APR -9 AM 9:54

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # L10000104437

1. Limited Liability Company's Name

PS'S REPAIRS, LLC

900246580739 04/09/13--01002--001 **377.50

CR2E041 (1/11)

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

5541 NATOMA DR.

3. Mailing Office Address

5541 NATOMA DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified To Do Business in Florida

10/6/2010

City & State

FT. MYERS FL

City & State

FT. MYERS FL

Zip

33919

Country

USA

Zip

33919

Country

USA

6. FEI Number

273621453

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$6.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

JAMES PASQUINI

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

5541 NATOMA DR.

Suite, Apt. #, Etc.

City

FT. MYERS

State

FL

Zip Code

33919

E-mail Address:

REINSTATEMENT 12-13

phillyjimbo13@gmail.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

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date

4/6/13

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
MEM	JAMES PASQUINI	5541 NATOMA DR.	FT. MYERS FL 33919

APR 09 2013 P. BUTLER

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

[Handwritten Signature]

Date

4/6/13

Daytime Phone #

239-440-4591

Typed or printed name of signing Managing Member/Manager

APR 09 2013