

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

18 DEC -3 AM 9:59

DOCUMENT #

1. Limited Liability Company's Name

Palmdale Realty of Tampa, LLC
Document #L12000101331

700254367527
12/03/13--01016--001 **238.50

CR2E041 (1/11)

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

2701 E. Louisiana Ave.

Suite, Apt. #, etc.

3. Mailing Office Address

911 N. Second Street

Suite, Apt. #, etc.

4. State/Country of Formation

Florida/US

5. Date Organized or Qualified
To Do Business in Florida

08/06/2012

6. FEI Number

46-1274194

Applied For

Not Applicable

City & State

Tampa, FL

City & State

Fort Pierce, FL

Zip

33610

Country

US

Zip

34950

Country

US

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Jerald S. Beer, Esq.

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

515 N. Flagler Drive

Suite, Apt. #, Etc.

20th Floor

City

West Palm Beach

State

FL

Zip Code

33401

E-mail Address:

rreskin@palmdaleoil.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 11-22-13

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	Lachlan L. Cheatham	911 N. Second Street	Fort Pierce, FL 34950

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 11/22/13

Daytime Phone # 772-461-2300

Typed or printed name of signing Managing Member/Manager Lachlan L. Cheatham