

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**1. Limited Liability Company's Name**

REST PASCO, LLC.

2. Principal Office Address - No P.O. Box #  
19765 SR. 52

Suite, Apt. #, etc.

City &amp; State

LAND O' LAKES, FL.

## Zip

34637

Country  
USA

3. Mailing Office Address  
SAME

Suite, Apt. #. etc.

City &amp; State

Zip

Country

**8. Name and Address of Current Registered Agent**

Name  
Skip Drish

Street Address (P.O. Box Number is Not Acceptable) Suite:  
19765 SR 52

Apt. #, Etc.

City  
Land O' Lakes

State  
**FL**

Zip Code  
34637

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

Date 06/11/2015

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
MM	Skip Drish	19765 SR 52	Land O' Lakes, FL. 34637
REINSTATEMENT			
			JUN 16 2015
	2015		L BERGER

11. E-mail Address: Skip@DGC1.com

(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 605, 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 requirement 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 in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

Date 06/11/2015

Daytime Phone # **813-777-4776**

Typed or printed name of signing authorized representative/member