

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

15 JUL 20 AM 8:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L13000074240

1. Limited Liability Company's Name

Pendragon Mobile K9 Training LLC

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

15006 Eckerley Drive

Suite, Apt. #, etc.

City & State

Brooksville, FL

Zip

34614

Country

USA

3. Mailing Office Address

15006 Eckerley Drive

Suite, Apt. #, etc.

City & State

Brooksville, FL

Zip

34614

Country

USA

CR2E041 (1/14)

4. State/Country of Formation

Florida

5. Date Organized or Qualified

To Do Business in Florida 5/21/13

6. FEI Number

46-2827197

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a certificate of status

8. Name and Address of Current Registered Agent

Name

Ralph Michael Giannetti

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

15006 Eckerley Drive

Apt. #, Etc.

City

Brooksville

State

FL

Zip Code

34614

100275244451
07/20/15--01041--011 **238.75

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

Ralph Michael Giannetti
REGISTERED AGENT MUST SIGN

Date 06-19-2015

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
MGR	Ralph Michael Giannetti	15006 Eckerley Drive	Brooksville, FL 34614

REINSTATEMENT

2015

11. E-mail Address: sales@pendragonacres.com

(To be used for future annual report notifications)

JUN 20 2015

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

Ralph Michael Giannetti

Date

06-19-2015

Daytime Phone #

352-596-1100

Typed or printed name of signing authorized representative/member

Ralph Michael Giannetti