

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2022 NOV 18 PM 1:25

SECRETARY OF STATE
TALLAHASSEE, FL

DOCUMENT #

L13000090011

100897949781

1. Limited Liability Company's Name
PFFL, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box # 212 WEST PADONIA ROAD		3. Mailing Office Address 212 WEST PADONIA ROAD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State TIMONIUM, MD		City & State TIMONIUM, MD	
Zip 21093	Country	Zip 21093	Country

4. State/Country of Formation FL	
5. Date Organized or Qualified To Do Business in Florida 06/21/2013	
6. FEI Number 46-3010923	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name
GEFFIN, ALAN G, ESQ.

Street Address (P.O. Box Number is Not Acceptable)
1326 SE 3RD AVE

Suite, Apt. #, Etc.

City
FT. LAUDERDALE

State
FL

Zip Code
33316

J. HORNE
NOV 21 2022

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 [Signature] Date Nov 17, 2022

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
MGRM	VICTOR C. BRICK	212 WEST PADONIA ROAD	TIMONIUM, MD 21093
CFO	Glenn Norris	212 WEST PADONIA ROAD	TIMONIUM, MD 21093

11. E-mail Address: Brevana@pfgrowth.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 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 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager Glenn Norris Date 11/17/2022 Daytime Phone # 410-252-8058

Typed or printed name of signing Authorized Representative/Manager Glenn Norris

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312

850-656-4724

Date: 11/18/2022

Acc#I20160000072

Handwritten initials/signature

Name:	PFFL, LLC
Document #:	
Order #:	14638574

Certified Copy of Arts & Amend:	<input type="checkbox"/>	
Plain Copy:	<input type="checkbox"/>	
Certificate of Good Standing:	<input type="checkbox"/>	
Certified Copy of	<input type="checkbox"/>	
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:
		Number of Certs:

Filing: <input checked="" type="checkbox"/>	Certified: <input type="checkbox"/>
	Plain: <input checked="" type="checkbox"/>
	COGS: <input type="checkbox"/>

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Verifier _____
W.P. Verifier _____
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Thank you!