

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L15000141337**

1. Limited Liability Company's Name

772 PSL INVESTMENTS, LLC

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

2812 Stoneway Ln

Suite, Apt. #, etc.

UNIT A

City & State

FORT PIERCE, FL

Zip

34982

Country

USA

3. Mailing Office Address

2812 Stoneway Ln

Suite, Apt. #, etc.

UNIT A

City & State

FORT PIERCE, FL

Zip

34982

Country

USA

CR2E041 (1/14)

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida

8/13/2015

6. FEI Number

35-2547514

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

THIBALDO J. MANRIQUE

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

2812 Stoneway Ln.

Apt. #, Etc.

UNIT A

City

FORT PIERCE

State

FL

Zip Code

34982

100291569981
10/25/16--01008--006 **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

REGISTERED AGENT MUST SIGN

Date **10/19/2016**

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
AR	THIBALDO J. MANRIQUE	2812 Stoneway Ln A	Fort Pierce / FL / 34982

11. E-mail Address: **x.manrique.1212@gmail.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 **10/19/16**

Daytime Phone # **(772) 209 2876**

Typed or printed name of signing authorized representative/member

THIBALDO J. MANRIQUE