

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

16 NOV 22 AM 10:43

DOCUMENT #

1. Limited Liability Company's Name
**PANAYIOTIS PROPERTIES
LLC
LI5000159233**

2. Principal Office Address - No P.O. Box #
**2456 PALM HARBOR
FL 34683**

3. Mailing Office Address
SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
PALM HARBOR FL

City & State
FL

Zip
34683

Country
PINELLAS

Zip
34683

Country
PINELLAS

8. Name and Address of Current Registered Agent

Name
Peter Evans

Street Address (P.O. Box Number is Not Acceptable) Suite,
2456 Rolling Oaks Drive

Apt. #, Etc.

City
Palm Harbor

State
FL

Zip Code
34683

CR2E041 (1/14)

4. State/Country of Formation
PINELLAS FL

5. Date Organized or Qualified
To Do Business in Florida
**OCTOBER
24-2016**

6. FEI Number
47-521652 Applied For
Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required for a certificate of status

**800292601248
11/22/16--01014--032 **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
Peter Evans
REGISTERED AGENT MUST SIGN

Date **11-17-16**

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 | Peter Evans | 2456 Rolling Oaks Dr | Palm Harbor, FL 34683 |
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NOV 22 2016

11. E-mail Address:

(To be used for future annual report notifications)

M. WILLIAMS

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 **Peter Evans** Date **11-17-16** Daytime Phone # **727 785 7694**
Typed or printed name of signing authorized representative/member **Peter Evans**