


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

 **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

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

100306598201
01/30/18--01023--018 **377.50

2. Principal Office Address - No P.O. Box #
9456 ROLLING OAK DR

3. Mailing Office Address
SAME

Suite, Apt. #, etc.

City & State
PALM HARBOR FL

Zip Country
34683 PINELLAS

CR2E041 (1/14)

4. State/Country of Formation
PINELLAS

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number
47-5216152

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
PETER EVANS

Street Address (P.O. Box Number is Not Acceptable) Suite
9456 ROLLING OAK DR

Apt. #, Etc.

City State Zip Code
PALM HARBOR FL 34683

D DUNLAP
JAN 30 2018

9. If 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** Date _____

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
MGR	PETER EVANS	9456 ROLLING OAK DR	PALM HARBOR FL 34683
	2017 Annual Report	\$138.75	
	2018 Annual Report	\$138.75	
	REINSTATEMENT	\$100	Total = 377.50

11. E-mail Address _____

(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 **Peter Evans** Date **1-25-18** Daytime Phone # **727 7357694**

Typed or printed name of signing authorized representative/member **PETER EVANS**