

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

**US** **DD00168858**  
Pensacola Vibes LLC.

800343533408  
04/28/20--91018--018 \*\*293.75

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

75 Nightingale Lane

Suite, Apt. #, etc.

103

City & State

Gulf Breeze, FL

Zip

32561

Country

USA

3. Mailing Office Address

75 Nightingale Lane

Suite, Apt. #, etc.

103

City & State

Gulf Breeze, FL

Zip

32561

Country

USA

CR2E041 (1/14)

4. State/Country of Formation

FL / USA

5. Date Organized or Qualified  
To Do Business in Florida

4/17/20

6. FEI Number

☒ 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

Sean Mullins

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

75 Nightingale Lane

Apt. #, Etc.

103

City

Gulf Breeze

State

FL

Zip Code

32561

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

*Sean Mullins*

REGISTERED AGENT MUST SIGN

Date

2020 APR 20 PM 4:49  
FILED  
2020 APR 20 PM 4:49  
FILED

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
Mas	Sean Mullins	75 Nightingale Lane #103	Gulf Breeze/FL/32561

11. E-mail Address: PCOLAVIBES@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.

MAY 01 2020

S. YOUNG