

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
Catherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**L97000000898**

FILED

99 DEC 28 PM 5:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **L97000000898**

1. Limited Liability Company's Name

TRANSPACIFIC HOLDINGS COMPANY, L.C.

2. Principal Office Address

615 A1A NORTH

Suite, Apt. #, etc.

SUITE 101

City & State

PONTE VEDRA BEACH, FL

Zip

32082

Country

3. Mailing Office Address

POST OFFICE BOX 1996

Suite, Apt. #, etc.

City & State

PONTE VEDRA BEACH, FL

Zip

32004

Country

4. State/Country of Formation

FLORIDA, ST. JOHNS

5. Date Organized or Qualified  
To Do Business in Florida

8/15/97

6. FEI Number

59-3463025

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

8. Name and Address of Current Registered Agent

Name

JAMES V. WALKER

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

217 PONTE VEDRA PARK DRIVE, SUITE 200

Suite, Apt. #, Etc.

City

PONTE VEDRA BEACH

State

FL

Zip Code

32082

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of

Registered Agent

REGISTERED AGENT MUST SIGN

Date

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MANAGER	DAVID B. HUEBER	615 A1A NORTH, SUITE 101	PONTE VEDRA BEACH, FL 32082
			600003088046--6
			01/05/00 01005 003
			****150.00 ****150.00
			REINSTATEMENT
			OK

11. I certify that I am managing member/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 608.406, 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.

Signature of

Managing Member/Manager

Date 12-27-99

Daytime Phone # 904-280-9242

Typed or printed name of signing Managing Member/Manager

DAVID B. HUEBER