

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



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

FILED

01 DEC 24 AM 10:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L99000002221**

1. Limited Liability Company's Name

PDEX, LC

2. Principal Office Address

10817 NW 29th St.

Suite, Apt. #, etc.

City & State

Miami, FL

Zip Country

33172 USA

3. Mailing Office Address

10817 NW 29th St.

Suite, Apt. #, etc.

City & State

Miami, FL

Zip Country

33172 USA

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified
To Do Business in Florida

4/20/99

6. FEI Number

65-0912355

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

Mr. Gaston Dominguez

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

10817 NW 29th Street

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33172

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*****150.00 ***150.00**

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 **X**

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

Pres. Gaston Dominguez 10817 NW 29th St, Miami Miami, FL 33172

RECEIVED

**01
dec**

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 **X**

Date

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

CR2E041 (9/01)