


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

00 DEC 20 AM 11:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT *2000*

DOCUMENT #

1. Limited Liability Company's Name

PCCG, LLC
L99000003793

2. Principal Office Address

3803 IRVINGTON AV

Suite, Apt. #, etc.

3. Mailing Office Address

3803 IRVINGTON AV

Suite, Apt. #, etc.

City & State

COCONUT GROVE, FL

City & State

COCONUT GROVE, FL

Zip

33133

Country

USA

Zip

33133

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

JUN 28 1999

6. FEI Number

65-0929807

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

PATRICK I. PETERS, operating manager

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

3803 IRVINGTON AV

Suite, Apt. #, Etc.

500003516125-1

City

COCONUT GROVE

State: **FL** Zip: **33133**

State: **FL** Zip: **33133**

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

Patrick I. Peters

Date **12/15/00**

REGISTERED AGENT MUST SIGN

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
mem	Moffield, SA a Panamanian Corp		
mem	William Mike House		
	MGRM Patrick I. PETERS	3803 IRVINGTON AV	COCONUT GROVE, FL 33133

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

Patrick I. Peters

Date **12/15/00**

Daytime Phone # **3054438310**

Typed or printed name of signing Managing Member/Manager