

L99000003793

APPROVED
AND
FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

03 JUN 25 AM 10:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L99000003793

1. Limited Liability Company's Name
PCCG, LLC

REINSTATEMENT

2001-
2003

2. Principal Office Address
6262 S.W. 50th Terrace

Suite, Apt. #, etc.

3. Mailing Office Address
6262 S.W. 50th Terrace

Suite, Apt. #, etc.

4. State/Country of Formation
Florida

5. Date Organized or Qualified
To Do Business in Florida **6/28/1999**

6. FEI Number **650920807**

Applied For
Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required
for a Certificate of Status

City & State
Miami, FL

City & State
Miami, FL

Zip
33155

Country

Zip
33155

Country

8. Name and Address of Current Registered Agent

Name
Paul M. Marmish

Street Address (P.O. Box Number is Not Acceptable)
3390 Kapot Terrace

Suite, Apt. #, Etc.

City
Miramar

State
FL

Zip Code
30025

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

PLM

Date **JUNE 12, 2003**

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
MGRM	Patrick I. Peters	3803 Irvington Avenue	Coconut Grove, FL 33133
MGRM	John Moore	6262 S.W. 50th Terrace	Miami, FL 33155

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

John Moore

MGRM

Date **06/23/03**

Daytime Phone# **305 668 8791**

Typed or printed name of signing Managing Member/Manager **John Moore**

CR2E041 (10/02)