

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

OCT 29 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

L99-5682

1. Limited Liability Company's Name

PEH Investments

REINSTATEMENT 2001

2. Principal Office Address

3439 Technology Drive
Suite, Apt. #, etc.

Suite 344
City & State

Nokomis FL
Zip

34275

Country

USA

3. Mailing Office Address

P.O. Box 1967
Suite, Apt. #, etc.

Nokomis, FL
City & State

34274
Zip

USA

4. State/Country of Formation

Sarasota

5. Date Organized or Qualified

To Do Business in Florida

9-99

6. FEI Number

65-0948363

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$3.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name **Paul Hostetter**

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

3439 Technology Drive
Suite, Apt. #, Etc.

344

City

NOKOMIS

700004666557-9

-11/06/01-01001-022

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

State

FL

Zip Code

34275

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

Paul Hostetter

REGISTERED AGENT MUST SIGN

Date **10-24-01**

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
Member	Paul Hostetter	3439 Technology Drive	Nokomis FL 34275

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

Paul Hostetter

Date **10/24/01**

Daytime Phone # **941 484-7750**

Typed or printed name of signing Managing Member/Manager