

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 APR 21 AM 10:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800031358888
04/21/04--01076--002 **50.00

800031358888
03/29/04--01104--009 **150.00

DOCUMENT # L99000005917

1. Limited Liability Company's Name

The PDP Group, LLC

REINSTATEMENT

2003

2004

2. Principal Office Address

PO Box 10427

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32247

Country

USA

3. Mailing Office Address

PO Box 10427

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32247

Country

USA

4. State/Country of Formation

FL Seminole

5. Date Organized or Qualified
To Do Business in Florida

9/16/99

6. FEI Number

59-3811820

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

Robert C. Sanford

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

1230 Palmer Terrace

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32207

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

Robert C. Sanford

Date 3/22/04

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	PDP Nevada II, Inc.	2063 Ackola Pt.	Longwood, FL 32774
MGR	Robert C. Sanford	1230 Palmer Terrace	Jacksonville, FL 32207

REINSTATEMENT

2003

2004

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

Robert C. Sanford

Date 3/22/04

Daytime Phone # 321-246-4283

Typed or printed name of signing Managing Member/Manager Robert C. Sanford

CR2E041 (10/02)