

# L99000008326

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
03 MAY 15 PM 1:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** L99000008326

**1. Limited Liability Company's Name**  
Precise Weather Capital, LLC

**2. Principal Office Address**  
16311 Avila Boulevard  
Suite, Apt. #, etc.

**3. Mailing Office Address**  
201 North Franklin Street  
Suite, Apt. #, etc.

City & State  
Tampa, Florida

City & State  
Tampa, Florida

Zip Country  
33613 USA

Zip Country  
33602 USA

**4. State/Country of Formation**  
Florida

**5. Date Organized or Qualified To Do Business in Florida**  
12/1/1999

**6. FEI Number** 58-2507013  
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  
Stephen J. Mitchell, Sr.  
Street Address (P.O. Box Number is Not Acceptable)  
201 North Franklin Street  
Suite, Apt. #, Etc.  
Suite 2100  
City State Zip Code  
Tampa FL 33602

**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 *[Signature]* Date May 14, 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
MGR	Stephen J. Mitchell, Jr.	16311 Avila Blvd	Tampa, FL 33613
			000019082430
			2002-2003
			(MGR)

**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 *[Signature]* Date May 14, 2003 Daytime Phone# 813-202-1300  
Typed or printed name of signing Managing Member/Manager Stephen J. Mitchell, Jr., Registered Agent /MGR

CR2E041 (10/02)

**CSC** **L99000008326**

CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 093898 7272025

AUTHORIZATION : *Patricia Pigute*

COST LIMIT : \$ 205.00

ORDER DATE : May 14, 2003

ORDER TIME : 8:49 AM

ORDER NO. : 093898-005

CUSTOMER NO: 7272025

CUSTOMER: Naomi Olson, Legal Asst  
Squire, Sanders & Dempsey Llp  
201 North Franklin Street  
Suite 2100  
Tampa, FL 33602

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TALLAHASSEE FLORIDA

DOMESTIC FILINGS

*nk*

NAME: PRECISE WEATHER CAPITAL, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY  
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight EX 1156

EXAMINER'S INITIALS

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE FLORIDA

03 MAY 15 AM 10:33

RECEIVED