PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

14 JUN 25 AM 11:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (1/14)

DOCUMENT # M10000004912

1. Limited Liability Company's Name
Pacifica L Fourteen LLC

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
1775 Hancock Street		1775 Hancock Street	
Suite, Apt. #, etc. Suite 200		Suite, Apt. #, etc. Suite 200	
City & State San Diego, CA		City & State San Diego, CA	
Zip 92110	Country USA	Zip 92110	Country USA

4. State/Country of Formation
Delaware

5. Date Organized or Qualified To Do Business in Florida
6/26/2009

6. FEI Number 27-0595220 ☐ 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
Paracorp Incorporated

Street Address (P.O. Box Number is Not Acceptable)
236 East 6th Avenue

Suite, Apt. #, Etc.

City	State	Zip Code
Tallahassee	FL	32303

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9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent Sharon Cooke, Sharon Cooke, Asst Secretary Date 6/25/2014
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
Mgr	Deepak Israni	1775 Hancock Street, Suite 200	San Diego, CA 92110

REINSTATEMENT 2012-2014

11. E-mail Address: dbovd@pacificacompanies.com
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 605.0012, 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager Deepak Israni Date 6/23/2014 Daytime Phone # 619-296-9000

Typed or printed name of signing Authorized Representative/Manager Deepak Israni