


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT 2013-2016		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M12000001309			
1. Limited Liability Company's Name Pegasus Leasing East, LLC			
2. Principal Office Address - No P.O. Box # 3120 Winkler Avenue Suite, Apt. #, etc. Suite 30 City & State Fort Myers, FL Zip 33916 Country USA		3. Mailing Office Address PO Box 6986 Suite, Apt. #, etc. City & State Fort Myers, FL Zip 33911 Country USA	
8. Name and Address of Current Registered Agent Name William R. Maute III Street Address (P.O. Box Number is Not Acceptable) Suite, 3120 Winkler Avenue Apt. #, Etc. Suite 30 City Fort Myers State FL Zip Code 33916			
4. State/Country of Formation Wyoming			
5. Date Organized or Qualified To Do Business in Florida 3/7/12			
6. FEI Number 30-0698144 Applied For Not Applicable			
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a certificate of status			
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 <u>William R. Maute III mgr.</u> Date <u>3/11/16</u> 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	William R. Maute III	3120 Winkler Avenue, Suite 30	Fort Myers, FL 33916
11. E-mail Address <u>billm@fireserviceusa.com</u>			
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 605, 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 requirement 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 in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S. Signature of authorized representative/member <u>William R. Maute III mgr.</u> Date <u>3/11/16</u> Daytime Phone # <u>239-281-0136</u> Typed or printed name of signing authorized representative/member <u>William R Maute</u>			

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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K. ASHTON