

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

15 JAN 21 AM 9:20

RECEIVED BY STATE
TALLAHASSEE, FLORIDA

800268614868

CR2E041 (1/14)

DOCUMENT # M13000005654

1. Limited Liability Company's Name

Pac Basin Resources LLC

2. Principal Office Address - No P.O. Box #

207 River Rd

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Tequesta FL

City & State

Zip

33469

Country

USA

Zip

Country

4. State/Country of Formation

Delaware, USA

5. Date Organized or Qualified
To Do Business in Florida

9/9/13

6. FEI Number

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

Corporation Service Company

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

1202 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

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

Courtney Williams

Asst. Vice President

Date 01-20-15

REGISTERED AGENT SIGNATURE

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
Managing Member	Brian L Acton	207 River Rd	Tequesta FL 33469

S. HAWKES
JAN 21 AM
EXAMINER

11. E-mail Address: bacton@pacbasinresources.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

Date 1/16/15

Daytime Phone # 561 289 3633

Typed or printed name of signing Authorized Representative/Manager Barry A Weiss

ACCOUNT NO. : I20000000195

REFERENCE : 464318 7982679

AUTHORIZATION :

COST LIMIT : \$ 377.50

ORDER DATE : January 16, 2015

ORDER TIME : 8:40 AM

ORDER NO. : 464318-005

CUSTOMER NO: 7982679

REINSTATEMENT

NAME: PAC BASIN RESOURCES LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams

EXAMINER'S INITIALS _____

RECEIVED
15 JAN 21 11:13:19
FBI - LOS ANGELES