

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

18 MAR -6 PM 2:31

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M13000006579

1. Limited Liability Company's Name

Pegasus Transtech, LLC

500310169625

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

4301 W. Boy Scout Blvd

3. Mailing Office Address

4301 W. Boy Scout Blvd

Suite, Apt. #, etc.

Suite 550

Suite, Apt. #, etc.

Suite 550

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33607

Country

USA

Zip

33607

Country

USA

CR2E041 (1/14)

4. State/Country of Formation

Delaware

5. Date Organized or Qualified

To Do Business in Florida 10/17/2013

6. FBI Number

90-1018808

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

C T Corporation System

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

1201 Hays Street

Apt. #, Etc.

1200 South Pine Island Road

City

Plantation

State

FL

Zip Code

33324

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

Michael E. Jones, Asst. Secretary

Date 03/05/2018

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
CFO	Jeanne Walters	4301 W. Boy Scout Blvd, Suite 550	Tampa, FL 33607

11. E-mail Address

(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 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

Date

3/5/18

Daytime Phone #

813 386-2304

Typed or printed name of signing authorized representative/member

Jeanne Walters


CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 097312 4326501

AUTHORIZATION :

COST LIMIT : \$ 516.25



ORDER DATE : March 6, 2018

ORDER TIME : 12:13 PM

ORDER NO. : 097312-005

CUSTOMER NO: 4326501

REINSTATEMENT

NAME: PEGASUS TRANSTECH, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner

EXAMINER'S INITIALS _____

RECEIVED
DEPARTMENT OF STATE
18 MAR -6 PM 1:45