

2/15/2017

Division of Corporations

**Florida Department of State**  
**Division of Corporations**  
**Electronic Filing Cover Sheet**

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To:

Division of Corporations  
Fax Number : (850)617-6384

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (614)288-3338  
Fax Number : (954)288-0845

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**LIMITED LIABILITY REINSTATEMENT**  
**PC WATERFORD GP, LLC**

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
| Certified Copy        | 0        |
| Page Count            | 01       |
| Estimated Charge      | \$377.50 |

**RECEIVED**  
**2017 FEB 15 AM 9:30**  
**SECRETARY OF STATE**  
**TALLAHASSEE FLORIDA**

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

17 FEB 15 PM 4:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # M15000009399

1. Limited Liability Company's Name  
PC WATERFORD GP, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #  
4956 NORTH 300 WEST, STE. 3003. Mailing Office Address  
4956 NORTH 300 WEST, STE. 300

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

PROVO, UT

City &amp; State

PROVO, UT

Zip  
84604Country  
USAZip  
84604Country  
USA4. State/Country of Formation  
UT5. Date Organized or Qualified  
To Do Business in Florida  
11/20/2015

6. FEI Number

☒ Applied For☐ Not Applicable7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required  
to a Certificate of Status

## 8. Name and Address of Current Registered Agent

Name

NRAI SERVICES, INC.

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

1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, Etc.

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

Date 2/14/2017

REGISTERED AGENT MUST SIGN

## 10. Names and Street Addresses of Authorized Representatives/Managers

| Titles | Name of<br>Authorized Representatives/<br>Managers | Street Address of Each<br>Authorized Representative/<br>Manager | City / State / Zip |
|--------|--|---|--------------------|
| MGR    | PCMFM, LLC   | 4956 NORTH 300 WEST, STE. 300                                   | PROVO, UT 84604    |
|        |  |   |                    |
|        |  |   |                    |
|        |  |   |                    |
|        |  |   |                    |

## 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 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 2/14/2017

Daytime Phone #

Typed or printed name of signing Authorized Representative/Manager Jeff Danley, Manager PCMFM, LLC

T HENDERSON  
FEB 15 2017