

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # M16000007639

1. Limited Liability Company's Name

PBC & Associates, LLC

M16000007639

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

1304 Mecklenberg Road

Suite, Apt. #, etc.

City & State

Ithaca, New York

Zip

14850

Country

USA

3. Mailing Office Address

1304 Mecklenberg Road

Suite, Apt. #, etc.

City & State

Ithaca, New York

Zip

14850

Country

USA

CR2E041 (1/14)

4. State/Country of Formation

New York

5. Date Organized or Qualified  
To Do Business in Florida

09/26/2016

6. FEI Number

80-0445217

7. CERTIFICATE OF STATUS DESIRED ☐

8. Name and Address of Current Registered Agent

Name

D. Scott Baker, Esquire

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

315 E. Robinson Street, Suite 600

Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32801

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

D. Scott Baker

REGISTERED AGENT MUST SIGN

Date

9/6/17

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	Michael Tallman	1304 Meckleberg Road	Ithaca, New York

11. E-mail Address corporate@zkslawfirm.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 605, F.S., certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirement of 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

Michael Tallman

Date

8/29/2019

Daytime Phone #

732-768-33

Typed or printed name of signing authorized representative/member

Michael Tallman