

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # M99000001040

1. Limited Liability Company's Name

PHYTOPEDE, LLC

2. Principal Office Address

2 N. Tamiami Trail

Suite, Apt. #, etc.

802

City & State

Sarasota, FL

Zip

34236

Country

US

3. Mailing Office Address

2 N. Tamiami Trail

Suite, Apt. #, etc.

802

City & State

Sarasota, FL

Zip

34236

Country

US

4. State/Country of Formation

Delaware

5. Date Organized or Qualified
To Do Business in Florida

7/7/99

6. FEI Number

65-0890527

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

Marc Paquin

400003575234 - 0

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

2 N. Tamiami Trail

-01/26/01--01001--008

****200.00 ****200.00

Suite, Apt. #, Etc.

802

City

Sarasota

State

FL

Zip Code

34236

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date 1-19-01

10. Names and Street Addresses of Managing Members/Managers

Titles

Name of
Managing Members/Managers

Street Address of Each
Managing Member/Manager

City / State / Zip

MGRM Marc Paquin 2 N. Tamiami Trail Sarasota, FL 34236

REINSTATEMENT 2000-2001

11. I certify that I am managing member/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 608.406, 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.

Signature of
Managing Member/Manager

[Signature]

Date 1-19-01

Daytime Phone (941) 364-3700

Typed or printed name of signing Managing Member/Manager