

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 OCT 27 PM 1:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # M99000001040

1. Limited Liability Company's Name

Phytoped, LLC

600042239416  
10/27/04--01020--004 \*\*300.00

2. Principal Office Address

2 N. Tamiami Trail

Suite, Apt. #, etc.

206

City & State

Sarasota, FL

Zip

34236

Country

USA

3. Mailing Office Address

2 N. Tamiami Trail

Suite, Apt. #, etc.

206

City & State

Sarasota, FL

Zip

34236

Country

USA

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

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

2 N. Tamiami Trail

Suite, Apt. #, Etc.

206

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

Date

REGISTERED AGENT MUST SIGN

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 - St 206	Sarasota, FL 34236

2002-2004  
REINSTATEMENT

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

Date

Daytime Phone #

9413643700

Typed or printed name of signing Managing Member/Manager

Marc Paquin

CR2E041 (7/02)