PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED

2009 DEC -8 AM 10: 34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900163365069
12/07/09--01003--021 **138.75

CR2E041 (11/09)
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DOCUMENT # M990000001040

1. Limited Liability Company's Name

Phytopede LLC

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

28041 Air Park Drive

Suite, Apt. #, etc.

Unit 119

City & State

Punta Gorda

Zip	Country
33982	USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Florida

Zip	Country

4. State/Country of Formation

Delaware / USA

5. Date Organized or Qualified To Do Business in Florida

1999

6. FEI Number

65-0800527

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)

8158 Deerbrook Circle

Suite, Apt. #, Etc.

City	State	Zip Code
SARASOTA	FL	34238

☐ A $100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the $100 reinstatement be waived.

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 _____

REGISTERED AGENT MUST SIGN

Date DEC 3/09

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
NGR	MARC PAQUIN	8158 Deerbrook Cir	Sarasota, FL 34238
	REINSTATEMENT		

11. E-mail Address: mpaquin @ phytopede.com

(To be used for future annual report notifications)

12. 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 DEC 3/09 Daytime Phone # 941-350-5664

Typed or printed name of signing Managing Member/Manager _____