

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 MAR 28 PM 3:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M99000001372

1. Limited Liability Company's Name

Pearce Altamonte, LLC

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box # c/o Pearce & Mayer Realty Suite, Apt. #, etc. East 71st. Street, 1A City & State New York, NY Zip 10021 Country USA		3. Mailing Office Address c/o M.D. Carlisle Corp. of Florida Suite, Apt. #, etc. 352 Park Avenue South City & State New York, NY Zip 10010 Country USA	
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4. State/Country of Formation
Delaware, USA

**5. Date Organized or Qualified
To Do Business in Florida** 9/1/1999

6. FEI Number
134080098

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 M.D. Carlisle Corp. of Florida	
Street Address (P.O. Box Number is Not Acceptable) 1701 Lee Road	
Suite, Apt. #, Etc. Suite A	
City Winter Park	State FL Zip Code 32789

☒ 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

John Grant, V.P.
REGISTERED AGENT MUST SIGN

Date 3/19/2008

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	Leon Pearce	East 71st. Street, 1A	New York, NY 10021
MGRM	M.D. Carlisle Corp. of Florida	352 Park Avenue South	New York, NY 10010
900120859419 03/20/08--01050--009 **\$16.25			
REINSTATEMENT 06-08			

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

John Grant, V.P.

Date 3/19/2008

Daytime Phone # 407-628-4295

Typed or printed name of signing Managing Member/Manager John Grant, VP - M.D. Carlisle Corp. of Florida