

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 APR 14 PM 4:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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05/10/05--01063--008 \*\*755.00

DOCUMENT # Z00626

1. Limited Liability Company's Name

P & P OF SOUTH FLORIDA, L.C.

2. Principal Office Address

771 S. RAINBOW DR

Suite, Apt. #, etc.

3. Mailing Office Address

771 S. RAINBOW DR

Suite, Apt. #, etc.

City & State

Hollywood FL

Zip

33021

Country

USA

City & State

Hollywood FL

Zip

33021

Country

USA

4. State/Country of Formation

FLORIDA USA

5. Date Organized or Qualified  
To Do Business in Florida

8-10-1992

6. FEI Number

000000000

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

DAVID J. PAVILACK

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

771 S. RAINBOW DR

Suite, Apt. #, Etc.

City

Hollywood

State

FL

Zip Code

33021

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

David J. Pavilack

REGISTERED AGENT MUST SIGN

Date

4-9-2005

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
PRES	DAVID J. PAVILACK	771 S RAINBOW DR	Hollywood FL 33021
SEC	DEBORAH PAVILACK	771 S RAINBOW DR	

REINSTATEMENT 1993-2005

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

David J. Pavilack

Date

4-9-2005

Daytime Phone #

954-987-6502

Typed or printed name of signing Managing Member/Manager

DAVID J. PAVILACK

CR2E041 (10/02)