



2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 DEC 29 AM 8:31

| | | | | | |
|--|--|--|---|--|-----------------------------|
| DOCUMENT # L05000014926 | | | |  | |
| 1. Entity Name PROKOS PERFORMANCE, LLC | | | | | |
| Principal Place of Business 5201 WASHINGTON ROAD DELRAY BEACH, FL 33484 | | | Mailing Address 5201 WASHINGTON ROAD DELRAY BEACH, FL 33484 | | |
| 2. Principal Place of Business 380 SE 19 Avenue | | 3. Mailing Address 380 SE 19 Avenue | |  | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 12202006 REIN-LLC CR2E101 (11/05) | |
| City & State Deerfield Beach, FL | | City & State Deerfield Beach, FL | | 4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | |
| Zip 33441 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent PROKOS, RANDY 5201 WASHINGTON ROAD DELRAY BEACH, FL 33484 | | | 7. Name and Address of New Registered Agent | | |
| | | | Name | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | 380 SE 19 Avenue | | |
| | | | City Deerfield Beach | | FL Zip Code 33441 |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE <input checked="" type="checkbox"/> <i>Randy Prokos</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | | DATE 12/26/06 <small>DATE</small> | |
| FILE NOW!!! FEE IS \$50.00 After January 1, 2007, Fee will be \$100.00 | | In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. | | Make check payable to Florida Department of State | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM PROKOS, RANDY 5201 WASHINGTON ROAD DELRAY BEACH, FL 33484 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 380 SE 19 Avenue Deerfield Beach FL 33441 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 500082822816 12/28/06--01038--014 **50.00 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition REINSTATEMENT 2006 | |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. | | | | | |
| SIGNATURE: <input checked="" type="checkbox"/> <i>Randy Prokos</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | | Date 12/26/06 <small>Daytime Phone #</small> 561 212 1243 | |