

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014-2016

DOCUMENT # L10000118727

Limited Liability Company's Name
Prate Real Estate, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box # <u>1345 Ranchwood Drive</u>		3. Mailing Office Address <u>1345 Ranchwood Drive</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>Clearwater, Florida</u>		City & State <u>Clearwater, Florida</u>	
Zip <u>13764</u>	Country <u>USA</u>	Zip <u>33764</u>	Country <u>USA</u>

4. State/Country of Formation <u>Pinellas County, Florida</u>	
5. Date Organized or Qualified To Do Business in Florida <u>11/15/10</u>	
6. FEI Number <u>27-3987285</u>	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a certificate of status	

8. Name and Address of Current Registered Agent

Name <u>Matthew L. Evans</u>			
Street Address (P.O. Box Number is Not Acceptable) Suite. <u>1345 Ranchwood drive</u>			
Apt. #, Etc.			
City <u>Clearwater</u>	State FL	Zip Code <u>33764</u>	

200280485342
01/14/16--01027--011 **277.50

200280485342
12/30/15--01004--017 **238.75

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 805, F.S.

Signature of Registered Agent *Matthew L. Evans* Date 12/26/15
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
MNGR	Matthew L. Evans	1345 Ranchwood Drive	Clearwater, Florida 33764

11. E-mail Address: mevens@tampabay.rr.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 805, 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 requirement of section 805.0012, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member *Matthew L. Evans* Date 12/26/15 Daytime Phone # 727 4206158