

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC 11 AM 10:02

SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. DOCUMENT # L00000000295

Name and Mailing Address

0008876 01 FP 0.352 **PRSRT H9 0 0615 32004-010000
PROFESSIONAL TECHNOLOGY, L.L.C.
POST OFFICE BOX 100
PONTE VEDRA BEACH FL 32004-0100

MJM



12/11

CR2E084 (8/02)

2. New Mailing Address

City, State, Zip

Principal Place of Business

217 PONTE VEDRA PARK DR.
PONTE VEDRA BEACH FL 32082

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

01/05/2000

6. FEI Number 59-3616760

Applied For

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

FAIRBANKS, RANDAL C
217 PONTE VEDRA PARK DRIVE, SUITE 200
PONTE VEDRA BEACH FL 32082

9. Name and Address of New Registered Agent

Name

S022559 00864

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

9108102 90120 - 006

\$50.00

City

FL

Zip Code

10. 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

Randal C. Fairbanks

REGISTERED AGENT MUST SIGN

Date 12-06-02

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	BROWN, TERRELL	8321 PRESTON TRAIL E	PONTE VEDRA BEACH FL 32082

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

Wm B Brown

Date

12/6/02

Daytime Phone #

904
285-3204