

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

01 OCT 29 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # L-3086

1. Limited Liability Company's Name

Protek Florida, Inc.

2. Principal Office Address

7324 Royal Crescent Ct.

Suite, Apt. #, etc.

City & State

Port Richey, FL.

Zip

34668-6965

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

REINSTATEMENT 2001

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

☒ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

**\$9.00 Additional Fee required
for a Certificate of Status**

8. Name and Address of Current Registered Agent

Name

Luis Alamina

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

7324 Royal Crescent Ct.

Suite, Apt. #, Etc.

700004670227-3

-11/07/01-01014-003

*****50.00 *****50.00

City

Port Richey

State

FL

Zip Code

34668-6965

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

Luis Alamina

REGISTERED AGENT MUST SIGN

Date

10/25/01

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
<u>Owner- Operator</u>	<u>Luis Alamina</u>	<u>Same as above</u>	<u>Same as above</u>

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

Luis Alamina

Date

10/25/01

Daytime Phone #

727 215-5436

Typed or printed name of signing Managing Member/Manager

Luis A. Alamina

CR2E041 (9/01)