

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 JAN 17 PM 3:54

4/1/22

DOCUMENT # L 0000000 6298

1. Limited Liability Company's Name

POIK Professional Services

REINSTATEMENT 2001-2002

2. Principal Office Address

1744 Clarendon Pl

Suite, Apt. #, etc.

City & State

Lakeland FL

Zip

33803

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc. same

City & State

4. State/Country of Formation

POIK County, Florida

5. Date Organized or Qualified To Do Business in Florida

May 26, 2000

6. FEI Number

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

Jeanne Marie Prine

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

1744 Clarendon Pl

Suite, Apt. #, Etc.

City

Lakeland

600004791416-7

-01/23/02-01046-004

****150.00 ****150.00

600004791416-7

-01/23/02-01046-005

FL ****150.00 ****150.00

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

Jeanne Marie Prine

REGISTERED AGENT MUST SIGN

Date Oct 16, 2001

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 |
|----------------|-----------------------------------|--|--------------------|
| manager member | Jeanne Marie Prine | 1744 Clarendon Pl Lakeland, FL 33803 | Lakeland, FL 33803 |
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REINSTATEMENT 2001-2002

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

Jeanne Marie Prine

Date

10/16/01

Daytime Phone

(863) 686-5318

Typed or printed name of signing Managing Member/Manager

Jeanne Marie Prine

CR2E041 (9/01)