PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 2014 MAY 21 PM 14 50
Name Paloma RV12 Street Address (P.O. Box Number is Not Acceptable	3. Mailing Office Address 151 Crandon Blud Suite, Apt. #, etc. #428 City & State FCY BISCAYNE FL Zip Country 33149 USA of Current Registered Agent	SECRETARY OF STATE TALLAHASSEE, FLORIDA 100259760921 05/01/14-01031-015 **516.25 CR2E041 (1/14) 4. State/Country of Formation FL / OSA 5. Date Organized or Qualified To Do Business in Florida July 24,200 D 6. FEI Number GS-(029309 Applied For Not Applicable 7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Foe required for a Certificate of Status
Signature of Registered Agent	State Zip Code FL 33149 Dove named limited liability company, am familiar with and acceptance of the state o	d accept the obligations of Chapter 605, F.S. Date
10. Names and Street Addresses of Authorized Re	epresentatives/Managers	
Titles Name of Authorized Representative Managers	Street Address of Each as/ Authonzed Representate Manager	
Myr Palona Ruiz		1 #42) KEY Biscayne FL 33149
REINSTATEMENT	2012 - 2014	MAY 2-2-2013 T. HAMPTOP'
11. E-mail Address: Palomaruizg @ gmail. wm (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 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 605.0012. 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S. Signature of Authorized Representative/Manager Pale 4-24-2014 Daytime Phone # 26-514-4321 Typed or printed name of signing Authorized Representative/Manager		



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 6, 2014

PRG LLC 151 CRANDON BLVD., #428 KEY BISCAYNE, FL 33149

SUBJECT: PRG, L.C.

Ref. Number: L00000008664

We have received your document for PRG, L.C. and your check(s) totaling \$516.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the above referenced limited liability company is no longer available. Please file an amendment changing the name of this entity. The fee to file an amendment is \$25.00.

In order to complete your filings, both the reinstatement application and name change amendment must be submitted together along with the applicable fees for processing.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Kathy Ashton Regulatory Specialist II

Letter Number: 514A00009593

SOUT Check #