

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2011 MAY 20 AM 8:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/11)

DOCUMENT # L00000011975

1. Limited Liability Company's Name

Pryor Enterprises LLC

2. Principal Office Address - No P.O. Box #

8606 Bay Hill Blvd

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Zip

32819

Country

Orange

Zip

Country

4. State/Country of Formation

FL / USA

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number

32438-8510

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

Norman D. Pryor

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

8606 Bay Hill Blvd

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32819

E-mail Address:

Pryor map@aol.com

(To be used for future annual report notices)

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

Norman D. Pryor

Date

5-2-11

REGISTERED AGENT MUST SIGN

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
MGRM	MARCIA A. PRYOR	8606 Bay Hill Blvd	Orlando, FL 32819
J. SAULSBERRY EXAMINER			500207316135 05/06/11--01030--018 **268.75
MAY 23 2011			500207316135 05/23/11--01005--010 **272.50
REINSTATEMENT 2009-2011			

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. 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 Managing Member/Manager

Marcia A. Pryor

Date

5-2-11

Daytime Phone #

407-876-0835

Typed or printed name of signing Managing Member/Manager

MARCIA A. PRYOR