

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 000000014201

1. Limited Liability Company's Name

PRODIGY, L.L.C

2. Principal Office Address

13533 Fountainview Blvd

3. Mailing Office Address

13533 Fountainview Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Wellington, FL

City & State

Wellington, FL

Zip

33414

Country

USA

Zip

33414

Country

USA

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

300008639743
10/29/02--01009--003 **205.00

10/29 2001-2002
4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified
To Do Business in Florida

11/17/2000

6. FEI Number

05-1055626

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

SHIV SHAHI, P.E.

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

13533 Fountainview Blvd

Suite, Apt. #, Etc.

City

Wellington

State
FL

Zip Code
33414

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

Shiv Shahi

REGISTERED AGENT MUST SIGN

Date 09/18/02

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
Pres	SHIV SHAHI (MGRM)	13533 Founatinview Blvd.	Wellington, FL 33414

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

Shiv Shahi

Date 09/18/02

Daytime Phone# 561 889 6621

Typed or printed name of signing Managing Member/Manager

SHIV SHAHI

CR2E041 (9/01)