

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jan Smith
Secretary of State
DIVISION OF CORPORATIONS

AND
FILED

02 OCT 30 AM 9:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L00000016002

Name and Mailing Address

0011038 01 FP 0.352 **PRSR H3 0 0615 33952-807676

PROFESSIONAL REALTY OF SW FLORIDA, L.L.C.
3265-D TAMIAMI TRAIL
PORT CHARLOTTE FL 33952-8076

REINSTATEMENT

2002



2. New Mailing Address

City, State, Zip

Principal Place of Business

3265-D TAMIAMI TRAIL
PORT CHARLOTTE FL 33952

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

12/22/2000

6. FEI Number

65-1067326

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

MACWILLIAMS, JUDITH D
3263 BROOKLYN AVE.
PORT CHARLOTTE FL 33952

9. Name and Address of New Registered Agent

Name

800008698368

Street Address (P.O. Box Number is acceptable)

18436 Meyer Ave

City
Port Charlotte

FL

Zip Code
33948

10. 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

Judith D MacWilliams

REGISTERED AGENT MUST SIGN

Date 10-28-02

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	MACWILLIAMS, JUDITH D	3263 BROOKLYN AVE 18436 Meyer Ave	PORT CHARLOTTE FL 33952 33948

12. 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

Judith D MacWilliams

Date

10/28/02

Daytime Phone #

941-625-1339

Typed or printed name of signing Managing Member/Manager