

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

01 NOV 28 AM 9:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # LO0000016314

1. Limited Liability Company's Name

Raw Prince, L.L.C.

2. Principal Office Address

10125 LAND O LAKES BLVD

Suite, Apt. #, etc.

City & State

LAND O LAKES, FL

Zip

34639

Country

USA

3. Mailing Office Address

10125 LAND O LAKES BLVD

Suite, Apt. #, etc.

City & State

LAND O LAKES, FL

Zip

34639

Country

USA

4. State/Country of Formation

FLORIDA, USA

5. Date Organized or Qualified
To Do Business in Florida

12/26/2000

6. FEI Number

59-3689758

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$3.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

G. Michael Nelson, Esquire

Nelson + Biscanti, LLP

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

718 W MLK BLVD, SUITE 200

Suite, Apt. #, Etc.

City

TAMPA

600004719566-8

-12/11/01--01097--002

***155.00 ***195.00

State

FL

Zip Code

33603-3104

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 11/2/01

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
<u>General/Member Manager</u>	<u>Julie Mistretta</u>	<u>7433 Richland St</u>	<u>Zephyrhills, FL 33544</u>

REINSTATEMENT of LLC

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

[Signature]

Date

10/25/01

Daytime Phone #

813-995-9896

Typed or printed name of signing Managing Member/Manager

Julie Mistretta