

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2003 DEC -9 PM 3:44

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Limited Liability Company's Name

Priced Right Properties, LLC
L01000015703

900025338279
12/09/03--01003--012 **205.00

2. Principal Office Address

9900 W. Sample Rd.

Suite, Apt. #, etc.

300

City & State

coral springs, FL.

Zip

33071

Country

BROWARD

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

SAME

City & State

SAME

Zip

SAME

Country

SAME

4. State/Country of Formation

FL / BROWARD

5. Date Organized or Qualified
To Do Business in Florida

09/13/2001

6. FEI Number

65-1134397

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

Clementina Ruocco

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

1833 coral Ridge Dr.

Suite, Apt. #, etc.

1833

City

coral springs

State

FL

Zip Code

33071

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

Clementina Ruocco

REGISTERED AGENT MUST SIGN

Date

12/05/03

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
MSRM	THOMAS S. RUOCO	1833 coral Ridge Dr.	coral springs, FL. 33071

REINSTATEMENT 2002-03

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

Thomas S. Ruocco

Date

12/05/03

Daytime Phone #

954-796-0985

Typed or printed name of signing Managing Member/Manager